County Borough of Southampton

Annual Report

ON THE

Health

OF THE

County Borough

AND THE

Port of Southampton

For the Year 1948

BY

H. C. MAURICE WILLIAMS, O.B.E.

M.R.C.S., L.R.C.P., D.P.H.

Medical Officer of Health and School Medical Officer

TO THE

County Borough and Port of Southampton

1949
Cox & Sharland Limited
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CONTENTS

PAGE
INTRODUCTION 7
PUBLIC HEALTH IN SOUTHAMPTON — 1850–1900... ... 11
HEALTH SERVICES AND SANITARY CIRCUMSTANCES ... 27
VITAL STATISTICS — BIRTHS, DEATHS, AND INFANTILE MORTALITY 37
NOTIFIABLE INFECTIOUS DISEASES 43
CARE OF MOTHERS AND YOUNG CHILDREN 53
HOME NURSING SERVICE 63
VACCINATION AND IMMUNISATION 67
AMBULANCE SERVICE 71
DOMESTIC HELP 73
MENTAL HEALTH SERVICES 77
SOUTHAMPTON CREMATORIUM 87
DISPENSARY 88
ORTHOPAEDIC CLINIC 88
LOCAL GOVERNMENT SUPERANNUATION ACT, 1937 (MEDICAL EXAMINATIONS) 91
TUBERCULOSIS 95
VENEREAL DISEASES 107
BOROUGH HOSPITAL 117
ISOLATION HOSPITAL AND SANATORIUM 121
SANITARY SERVICES AND FOOD AND DRUG ACTS ... 127
PORT HEALTH 157
BRIDGING THE GAP 209
(Presidential address to the Society of Medical Officers of Health by Dr. H. C. Maurice Williams, O.B.E.)

LIST OF COMMITTEES CONCERNED WITH THE WORK OF THE DEPARTMENT

HIS WORSHIP THE MAYOR Councillor F. Dibben.
ex-officio Member of Committees.

HEALTH COMMITTEE
AND
PORT AND PUBLIC HEALTH COMMITTEE

hairman : Alderman Mrs. V. F. King, b.a.
Alderman J. Austin.
Alderman R. E. Edmunds.
Alderman Mrs. B. Leach.
Alderman W. Lewis.
Alderman E. Sakoschansky, m.r.c.s., l.r.c.p.
Alderman Mrs. B. M. Sakoschansky.
Councillor G. H. Barendt, b.a., m.b., b.ch.
Councillor Mrs. G. E. A. Barker.
Councillor Mrs. L. B. Barnard.
Councillor J. Boyle.
Councillor Mrs. K. Cawte.
Councillor G. T. Dicks.
Councillor Mrs. V. B. Fletcher.
Councillor E. G. Last.
Councillor Mrs. R. M. Stonehouse.
* Dr. D. Fisher.
* Dr. J. E. A. Simpson.

* Member of Health Committee only.

HEALTH (MATERNITY) SUB-COMMITTEE

hairman : Alderman E. Sakoschansky, m.r.c.s., l.r.c.p.
Alderman J. Austin.
Alderman R. E. Edmunds.
Alderman Mrs. V. F. King, b.a.
Alderman Mrs. B. Leach.
Alderman Mrs. B. M. Sakoschansky.
Councillor G. H. Barendt, b.a., m.b., b.ch.
Councillor Mrs. L. B. Barnard.
Councillor Mrs. K. Cawte.
Councillor Mrs. R. M. Stonehouse.
Mrs. L. Millard Arnold, b.sc.
Mrs. B. Burrow.
Mrs. M. W. Earley.
Mrs. R. H. Hammond.
Mrs. E. Harvey.

HEALTH (MENTAL WELFARE) SUB-COMMITTEE

Chairman : Councillor Mrs. R. M. Stonehouse.
Alderman Mrs. B. Leach.
Alderman Mrs. B. M. Sakoschansky.
Councillor Mrs. G. E. A. Barker.
Councillor J. Boyle.
Councillor G. T. Dicks.
Councillor Mrs. V. B. Fletcher.
Councillor E. G. Last.
Councillor W. H. Stone.
Councillor Mrs. M. E. Tidbold.
Mrs. L. Dyas.
Mr. J. Pacey.
Mr. F. W. Short.
Mrs. H. Squibb.
Mrs. N. M. Watts.

HEALTH (HOME NURSING) SUB-COMMITTEE

Chairman : Alderman Mrs. V. F. King, B.A.
Alderman J. Austin.
Alderman R. E. Edmunds.
Alderman Mrs. B. Leach.
Alderman E. Sakoschansky, M.R.C.S., L.R.C.P.
Councillor G. H. Barendt, B.A., M.B., B.CH.
Councillor Mrs. L. B. Barnard.
Councillor Mrs. K. Cawte.
Councillor G. T. Dicks.
Councillor Mrs. V. B. Fletcher.
Dr. J. E. A. Simpson.
Mrs. A. H. Burnett.
Mrs. F. I. Thornycroft Donaldson, J.P.
Mr. J. Wild.
Miss E. I. L. Wright.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

FULL-TIME.

Medical Officer of Health	H. C. Maurice Williams, O.B.E., M.R.C.S., L.R.C.P., D.P.H.
Deputy Medical Officer of Health	W. P. Cargill, B.SC., M.B., CH.B. (MANCH.), M.R.C.S., L.R.C.P., D.P.H.
Clinical Tuberculosis Officer	W. D. Beck, B.SC., M.D., CH.B. (BIRM.), L.R.C.P., M.R.C.S.
Clinical Venereal Diseases Officer and Pathologist	R. M. Warren, B.A., M.B., CH.B. (ED.), D.P.H.
Senior Assistant School Medical Officer	C. R. M. Greenfield, M.B., B.S. (LOND.), M.R.C.S., L.R.C.P., D.P.H.
Assistant Medical Officers of Health	Catherine M. Atkins, M.B., CH.B. (ED.) Jessie Griffin, M.B., CH.B. (ED.), D.P.H. Kathleen M. Cairns, M.B., B.S. (LOND.), M.R.C.S., L.R.C.P. J. Hamilton, M.B., CH.B. (GLAS.), D.P.H. R. L. Vance, M.B., B.CH., B.A.O. (DUB.).
Resident Medical Superintendent Borough Hospital	M. K. Jardine, M.B., CH.B. (ED.).
ssistant Resident Medical Officer, Borough Hospital	Hilda R. Harris, M.B., CH.B. (MANCH)
unior Resident Medical Officer, Borough Hospital	Anna Majzliss, L.R.C.P., L.R.C.S. (ED.), L.R.F.P.S.
unior Resident Medical Officer, Borough Hospital	Barbara Corlett, M.B., B.S. (DURH.).
esident Obstetric Medical Officer, Borough Hospital	Martha Lebermann, M.D. (GENOA).
esident Medical Officer, Isolation Hospital	H. D. Rossiter, M.B., B.CH., D.P.H.
unior Resident Medical Officer, Isolation Hospital	H. Hilda Forde, M.B., B.CH., B.A.O.
atron, Borough Hospital	Mrs. D. M. Bond, S.R.N., S.C.M.
t Assistant Matron, Borough Hospital	Miss E. W. Ryder, S.R.N., S.C.M.
d Assistant Matron, Borough Hospital	Miss E. M. Taylor, S.R.N., S.C.M.
atron, Isolation Hospital	Miss C. James, S.R.N., S.C.M.
ssistant Matron, Isolation Hospital	Miss M. E. Buckland, S.R.N., S.C.M.
ychiatrist (Child Guidance)	Hilda M. Capes, M.B., B.S. (LOND.), D.P.M.
ychologist (Child Guidance)	Miss M. F. Clements.
ychiatric Social Worker (Child Guidance)	Miss M. A. Opie.
nior School Dental Officer	A. Topping, L.D.S., R.C.S.
hool Dental Officer	J. H. Thompson, L.D.S., R.C.S.
ief Sanitary Inspector	E. B. Rose, CERT. R.S.I., M.R.S.I., Certificate Meat and Foods.
ief Port Sanitary Inspector	C. P. C. Parker, Cert. R.S.I., Certificate Meat and Foods.

* Transferred to Regional Hospital Board, 5.7.48.

Senior Meat and Food Inspector ...	C. Birch, Cert. R.S.I., Certificate Meat and Foods.
Senior Factories and Shops Inspector	B. T. Tanner, Cert. R.S.I., M.R.S.I.
Superintendent Health Visitor ...	Miss C. M. Ritchie, S.R.N.
Supervisor of Midwives	Miss E. K. Steel, S.R.N., S.C.M.
Superintendent, Home Nursing Service	Miss M. C. Fare, S.R.N., S.C.M.
Mental Welfare Officer	Mrs. B. Treadgold, B.A.
Principal Administrative Assistant	C. Masterman (Left 30.9.48). W. M. Watts (Commenced 3.1.49).
Chief Clerk	W. J. Manning (Left 12.12.48). G. A. Lane (Commenced 13.12.48).
Ambulance Supervisor	T. Bartlett.
Hospital Car Service Organiser ...	Mrs. H. Rees.

PART-TIME

*Visiting Physician, Borough Hospital	D. Fisher, M.B., CH.B. (GLAS.).
*Visiting Surgeon, Borough Hospital	S. N. Lytle, M.B., CH.B. (BELF.), F.R.C.S. (ENG.).
*Deputy Visiting Surgeon, Borough Hospital	L. A. Richardson, M.A., M.B., B.CH. (CAMB.), F.R.C.S. (ENG.).
*Visiting Obstetrician and Gynaecologist	R. W. Knowlton, M.A., M.D. (CAMB.), F.R.C.S. (ENG.), M.C.O.G.
*Visiting Orthopaedic Surgeon ...	H. H. Langston, M.B., B.S. (LOND.), F.R.C.S. (ENG.).
*Visiting Anaethetist, Borough Hosp.	G. G. Havers, M.R.C.S., L.R.C.P., D.A.
*Visiting Radiologist	D. V. Rice, M.R.C.S., L.R.C.P.
*Visiting Ophthalmic Surgeon ...	J. Keyms, B.A., M.D., B.A.O. (N.U.I.), D.O.M.S.
*Visiting Aural Surgeon	J. B. Sugden, M.B., B.S. (LOND.), D.L.O

* Transferred to Regional Hospital Board, 5.7.48.

County Borough and Port of Southampton

ANNUAL REPORT

OF

The Medical Officer of Health

To The Mayor, Aldermen and Councillors of the
County Borough of Southampton.

Mr. Mayor, Ladies and Gentlemen,

In accordance with my statutory duty as your Medical Officer of Health, I have the honour to present for your information and consideration my Eighteenth Annual Report on the health and anitary circumstances of the County Borough of Southampton for he year ended 31st December, 1948.

During the year, the National Health Service Act brought bout many changes in the administration of the health services. The provisions of the National Health Service Act, 1946, were out- ined in the introduction to my Annual Report for 1947, and the etailed proposals of the Council for its services under Parts III nd V of the Act were given in that Report.

On the " appointed day," the Borough General Hospital and he Isolation Hospital and Sanatorium were transferred to, and ested in, the Minister of Health. The hutted Smallpox Hospital t Millbrook was not transferred to the Minister, but the land and uildings were taken over by the Public Lands Committee, the egional Board having decided that the hospital was not required y the Board.

At the same time, the Borough Council ceased to be responsible r the treatment of tuberculosis and venereal diseases, although ontinuing to have responsibility for the prevention and after-care these diseases.

The repeal of the Vaccination Acts resulted in the termination the appointments of public vaccinators.

As the National Health Service provides free medical care for all, the district medical officers were no longer required and their appointments were terminated.

The Regional Hospital Board was unable to take over the actual administration of some of the services for which the Board became responsible on July 5th, 1948, and, as a result, the Council continued to administer the former Borough Hospitals and the Tuberculosis and Venereal Diseases Services on an agency basis until the 30th October, 1948.

Many of the services which the Council, as Local Health Authority, is obliged to provide under Parts III and V of the National Health Service Act were already provided by the Council before the 5th July, 1948. The care of mothers and young children, domiciliary midwifery, health visiting, vaccination and immunisation, ambulance service and domestic help were part of the Council's services before the " appointed day," and continued to function with little change after that day.

The submission of proposals for the provision of health centres by Local Health Authorities was deferred by the Minister of Health. Provision, however, was made in the plans of a clinic serving the new Millbrook Housing Estate for a general practitioner service.

To provide a home nursing service, the Corporation took over the staff and premises of the Southampton District Nursing Association.

The following developments took place in the prevention of illness, care and after-care :—

The provision to tuberculous patients of free milk when recommended by the Chest Physician became the responsibility of the Health Authority on the 5th July, 1948. The cases referred were assessed in accordance with Scale " A " suggested by the Association of Municipal Corporations, and, where the income was within the limits allowed, the applicant's dairyman was instructed to supply two pints of milk per day in the case of adults and one pint per day where the patient was a child. During the period 5th July–31st December, a total of 260 applications were dealt with, and, of this number, 146 were assessed as eligible for the free supply, while 108 were found to be outside the income scale. Six persons failed to return the assessment form.

From the 5th July, the maintenance of convalescent patients in holiday homes, where no medical or surgical treatment was necessary, became the responsibility of the Local Health Authority. Cases referred were assessed on an income basis, Scale " B " suggested by the Association of Municipal Corporations being adopted for the purpose. Assistance was granted according to the financial circumstances of each case, and, during the period 5th July–31st December, eighteen cases placed in holiday homes were assisted by the Health Committee.

Consultation with officers of the Regional Hospital Board took place to determine the proportion of chest physicians' salaries to be paid by the Local Health Authority as part of their service for he prevention of illness. Although no final decision was reached, t was suggested that the Local Health Authority should pay to he Board three-elevenths of the officers' salaries.

Important changes took place in the administration of the Mental Health Service, and these are referred to later in the Report. The work of the Southampton Mental Welfare Association was aken over by the Council during the year and the Association eased to function.

The Nursery and Child Minders Regulation Act, 1948, was ntroduced in August, and placed a duty upon Local Health uthorities to keep registers of, and empowers them to supervise

(*a*) premises (referred to in the Act as day nurseries) in their area, other than premises wholly or mainly used as private dwellings, where children are received to be looked after for the day or a substantial part thereof or for any longer period not exceeding six days ; and

(*b*) persons (referred to in the Act as daily minders) in their area who for reward receive into their homes children under the age of five to be looked after for the day or a substantial part thereof or for any longer period not exceeding six days.

Up to the 31st December, only two applications had been eceived for registration, but in both cases the premises were egarded as falling within the category of " school " in that the rovision of education was the primary function of the establishment.

On the 21st February, 1948, three clinics were officially opened y John Edwards, Esq., O.B.E., M.P., Parliamentary Secretary to he Ministry of Health. The first was Oatlands House Health entre in Winchester Road. This Centre, a converted two-storey uilding, provides welfares, ante-natal and post-natal clinics, school linics, sunlight and dental treatment. The second was at Sydney House, where two prefabricated buildings were erected on a part f the site of the clinic destroyed by enemy action in the recent ar. This Centre provides the same facilities as did Oatlands House, with the addition of a suite for a chest clinic.

The third to be opened was the main Health Centre at King's Park Road, where the three-storey building of the Hampshire Girls' Orphanage was converted to house the Authority's general and specialised clinics, and the clerical staffs and records of the school health and maternity and child welfare services. The health visitors keep their records in this Centre, and also housed in the building are a psychiatric out-patient clinic staffed by the Knowle Hospital, and the Public Health Laboratory serving the Southampton area.

Poliomyelitis was less prevalent than in 1947, eleven cases being confirmed. One hundred and sixty-five cases of scarlet fever occurred during the year, but the disease was generally very mild in character, and the majority of cases were nursed at home. As in 1947, there were many cases of measles. Whooping cough was also very prevalent. Eleven cases of diphtheria were notified—less than the record low level of 1947.

A year in which such great changes were made in the health services of the country seemed an appropriate one in which to review the early development of those services in Southampton. Following this introduction I have reviewed some of the developments between 1850 and 1900.

I would like to record my sincere appreciation to the Chairman and Members of the Health, Port and Public Health, Education, Housing and Welfare Services Committees, for the sympathetic and careful consideration which they have shown to my many suggestions and recommendations.

Finally, I would like to express my thanks to all members of my staff for their loyal and competent service.

I am, Mr. Mayor, Ladies and Gentlemen,
Your obedient servant,

Medical Officer of Health.

PUBLIC HEALTH IN SOUTHAMPTON, 1850–1900.

I propose to refer to certain incidents of public health interest which occurred in the Borough of Southampton between the year 1850 and the beginning of the present century. Next year, I hope to continue the narrative in order to complete the historical review of the last hundred years.

The present generation, like previous generations, naturally accept the altered conditions of life in their time, seldom considering how their ancestors lived and died. When this history of organised public health began one hundred years ago, the average age at death was 40 years for males, and 42 for females ; as compared with the present average of 59 and 63 years respectively.

The information contained in this Report has been extracted from the hand-written Minutes of the Council and the Local Board of Health for the years 1850 to 1873, and from the printed Annual Reports of the Medical Officer of Health for subsequent years.

Liverpool, by authority contained in a private Act, was the first town in the country to appoint a medical officer of health. In the year 1847, Dr. William Henry Duncan, a physician on the staff of the Liverpool Royal Infirmary, was chosen for this office.

London, a year later, appointed Sir John Simon, who was to become one of the outstanding figures in sanitary reform. Southampton was not far behind. In the year 1850, a specially appointed committee of the Local Board of Health decided to advertise for an officer of health. In that year, a Statute, called the Public Health Supplemental Act, had been passed which made it permissive for provincial sanitary authorities to make these appointments, but it was not until 1872 that it became a statutory obligation.

Medical practice was to a great extent uncontrolled in those days, although medical diplomas had been granted by the Royal College of Physicians and the Society of Apothecaries since the middle of the sixteenth century. Many professed to be medical practitioners without any accepted qualification or training, for it was not until the Medical Act of 1858 that registration of qualifications became obligatory.

Even eight years after the Medical Act, the following account appeared in *Hampshire Advertiser*, county newspaper, of the 15th September, 1866 :—

" Fraudulent Medical Diplomas

" The Authorities of the Royal College of Surgeons in this country have directed the attention of the American Minister to a practice which, if not checked, may tend to cast discredit on

> the medical profession and inflict deep injury on the public generally. An advertisement is inserted in some of the leading English journals containing the announcement, 'Diploma (Medical) to be disposed of, a bargain.' It is supposed that many of these are in the market and that any person so disposed, whether he have any medical knowledge or not, may set up as a medical practitioner by the purchase of one of them. It has been ascertained that the diploma advertised is from an Institution in New York, that is duly attested and is signed by the 'Examiners.' A space for the name of the purchaser, or any nominee who may be desirous of medical honours, is left blank, so that any of the quacks who infest the Metropolis, or any other person, may at once convert the diploma into his duly certified medical qualification and do irreparable mischief to the ignorant people who may be unfortunate enough to place themselves in his hands."

The advertisement, which appeared in 1850, for the office of health officer specified his duties in the following terms :—

> "The gentleman appointed is expected to report periodically on the sanitary conditions of the town generally, to ascertain whether any contagious epidemic affecting the public health exists, and to take charge of common lodging-houses."

Nearly one hundred years of public health progress have passed since this advertisement appeared—years of supreme effort by the pioneers, Neil Arnott, Edwin Chadwick, John Simon and Southwood Smith, who, during the latter half of the nineteenth century, strove and succeeded in remedying many of the environmental conditions responsible for disease.

At the beginning of the present century, the public health service further extended its responsibility by taking within its scope the personal health of the individual members of the community. To-day, the structure and efficiency of the public health service in this country stands high in its record of achievement.

The National Health Service Act of 1946 alters many of the administrative services dealing with the health of the people, and the duties of the medical officer of health will in the main revert to the earliest conception of the office—that of being an environmental specialist.

Dr. Francis Cooper, the first medical officer of health for Southampton, was appointed on the 9th November, 1850, during the mayoralty of Alderman Andrews, at a salary of £75 per annum and permission to continue to engage in private practice.

Dr. Cooper first served as a member of the Council, representing

St. Mary's Ward. He resigned his seat on payment of a forfeit of £15 immediately prior to his appointment.

At the same meeting of the Council it was also decided to appoint an inspector of nuisances, a title which ceased to exist in 1921, when it was altered to sanitary inspector by the Public Health Officers Act of that year. It is of interest to note that the duties of the office specified on that occasion were to a great extent similar to the work carried out by the present-day sanitary nspectors. The advertisement emphasised that the officer appointed would require firmness and courtesy ; he had power of entry where he suspected that any accumulation of offensive material in any premises was detrimental to health ; he had to give twenty-four hours' notice requiring the owner or occupiers responsible for any nuisance to cause its abatement ; he had also authority to seize any article of food exposed for sale which was considered unfit for human consumption ; and he was instructed o submit reports on the condition of shops, and see that the streets were properly swept and watered ; and to report on any premises where swine were kept in dwelling-houses.

Thus was created the beginning of the public health department in Southampton.

The medical institutions in this town during the nineteenth entury started with a dispensary for the care of the sick poor, which was established under the supervision of Dr. Middleton in 809. The Corporation took some interest in this work, for they ubscribed the sum of five guineas annually towards its mainten-nce. A second dispensary was opened in 1823, and later united with the old Humane Society, carrying on their work in a building ext to Taunton's School in New Road.

The Royal South Hants Infirmary was officially opened on the st January, 1838, on its present site, and six years later the central uilding was completed at a cost of £5,080 18*s*. 6*d*., to which a urther wing was added seven years later at a cost of £1,037 1*s*. 6*d*. When a comparison is made, one appreciates the difference between uilding costs at that time and the present, when one realises that he main buildings, including the garden and lands of the Royal outh Hants Infirmary, cost only £17,394 2*s*. up to the year 1878.

Unfortunately, there are few records available of the work ndertaken by Dr. Cooper during his term of office, although it is oted that he published a report at a printing cost of five guineas. mong matters of public health interest which I have been able o find is a record in the Minutes of the 15th January, 1853, when he Town Clerk read a communication from the General Board of ealth in London referring to an outbreak of yellow fever on board he Royal Mail Steam Packet's *Medway* and *La Plata*. Dr. Cooper, in conjunction with the Medical Society of the town, submitted details of these cases to the Local Board of Health. Later the same year, there was a report stating that two cases of yellow fever had been admitted to the Southampton Workhouse. The General Board of Health was the controlling authority of public health matters set up by the Public Health Act of 1848, and consisted of three commissioners, the first being the First Commissioner of Works, who was a member *ex officio,* one paid Commissioner—Edwin Chadwick, and an unpaid Commissioner—Lord Ashley. This Board was dissolved in 1858 and its powers taken over by the Privy Council.

Other matters dealt with during this period were the licensing of common lodging-houses, smoke nuisances from factory chimneys in Sugarhouse Yard and the Pipe Factory in Bell Street. In connection with these latter complaints, Dr. Cooper suggested that the Smoke Nuisance Act should be applied to the town, and it was decided to call upon the persons concerned to abate the nuisance to his satisfaction within one month.

Concern was expressed about the condition of the High Street, which was quite impassable owing to the quantity of dust that had collected because the road was not watered. This led to a decision that in future the Local Board of Health should employ the necessary labour and purchase carts for scavenging instead of employing outside contractors.

Consideration was given to an Act for the regulation of bakehouses, and a communication was submitted to the Local Board by the Medical Officer of Health, from a Mr. Gerrard, who stated that he was desirous of carrying on the manufacture of candles and soap at his works at Northam, and a promise not to melt any of the substances necessary for the above articles.

Mr. George Owen New also wrote directing the attention o the Local Board of Health to a system of converting sewage int good manure for agricultural purposes.

The Sanitary Committee of the Local Board of Health decide that the duties of the officer of health should also include that o being inspector of common lodging-houses.

At a meeting held in February, 1860, the Clerk read a lette from the Lords of the Privy Council drawing attention to th necessity of providing a hospital for the reception and medica treatment of poor seamen who might arrive at this port infecte with cholera. The Royal South Hants Infirmary disagreed wit this recommendation, and informed the Local Board that in thei view there was a sufficiency of accommodation for all cases of sickness for, as they said, they had never refused the admission o nyone, including seamen, suffering from cholera or yellow fever. This assurance did not, however, satisfy the Local Health Board, or they agreed to apply to the Lords of the Council for a hulk to e used for the reception of sick and disabled seamen arriving at he Port.

Dr. Cooper's tenure in office was of short duration, for he ecame infected with Asiatic cholera, from which he died at the ge of fifty-six on the 24th October, 1865. The Council passed the ollowing resolution :—

> " This Corporation very sincerely deplores the sad calamity which has deprived them of the efficient services of their Officer of Health, Dr. Cooper, who lost his life while in the discharge of important public duties which devolved upon him and which notwithstanding ill-health did not prevent his visitation to those various nuisances which he was called upon to inspect."

It was further decided by the Town Council to place a plaque n front of the portico in the parish church of Holyrood in his emory.

The vacant post was advertised in the medical and military ournals, in December, 1865. Amongst the applicants there was Mr. Hayes who gave his occupation as a plumber ; one applicant f independent means ; one strongly supported by his father, r. Spooner ; and three qualified doctors. The Committee decided o appoint Dr. McCormack at a salary of £150 per annum without ermission to engage in private practice. He occupied the office r only a few years, for he resigned in 1871 on being appointed edical Officer of Health for Lambeth.

It is of interest to note that the Town Clerk's salary at that me was £800 per annum—£400 as Clerk to the Local Council and 400 as Clerk to the Local Board of Health. The total annual xpenditure of the Borough services amounted to £1,346 11*s.* 2½*d.*, hich was produced by the levy of a rate of 2½*d.* in the £.

In 1861, the Committee decided to provide office accommodaon for the public health department in the Audit House.

In 1866, it was decided that the duties of public analyst should e included in the duties of officer of health, but in 1874 the Council ppointed Mr. James Brierley as public analyst at a salary of £40 er annum plus private fees.

On the 14th December, 1866, the Royal Mail ship *Tasmanian* rived from St. Thomas, which had had during the voyage 71 cases yellow fever resulting in 21 deaths. Drs. Wiblin and Bencraft ranged for isolation and disinfection of the passengers and crew.

England, during the nineteenth century, suffered many epidemics of cholera brought to the country through the ports. In 1849, there were 72,180 deaths in England and Wales. In that year, Dr. Snow, a physician practising in London, was the first to realise its spread by infected water. Many believed the spread of infection was by a mist termed the " blue fog," but this theory was discounted by the leading medical opinion of the time.

It was not, however, until 1866 that I can find any reference to a major outbreak of cholera in Southampton, although in all probability many epidemics occurred before the date of my records. The industrial revolution and the Enclosure Acts encouraged the rural population to migrate to the growing centres of industry. Houses for the workers were erected around the factories, often in narrow streets and alleys with the minimum of amenities. These houses, with their polluted wells and accumulation of filth, proved a fertile soil for the spread of pestilence.

The cholera epidemic in Southampton started in June of 1866 The first death occurred in Bevois Street, and from this first cas the disease spread like a forest fire in the poorer parts of the town During the four months of its duration, there were 320 cases notified and, amongst these, 100 deaths. The Town Council keenly resente the publicity given in the National Press to the Southampto epidemic, for, as they pointed out, other towns had suffered just a severely without the publicity given to this important mail-packe port. The Portsmouth outbreak resulted in 137 deaths, the Isl of Wight 98, Liverpool 1,603, and in the whole of Hampshire ther were 394 deaths.

For two months the Sanitary Committee met daily to consu with the Mayor (Alderman Emanuel) and doctors in the town i their endeavour to combat the outbreak. The infection was limite to Northam and the lower and poorest parts of the town. No cas occurred east of the River Itchen, and the neighbouring districts Portswood and St. Denys were also free of cases.

The Committee was advised by Dr. McCormack (the Healt Officer), Dr. Parkes (the Medical Superintendent of Quaranti from London) and Dr. Wiblin. These doctors accepted the responsibility and introduced prompt measures to deal with t situation. As many seaports had become infected by migran arriving on ships from Germany and the Baltic ports, Dr. Wibl was appointed to inspect every foreign emigrant ship on arriv at a fee of £1 4*s*. 6*d*. during the day and £2 5*s*. 6*d*. for every inspe tion when the ship arrived at night, and although this entail a considerable expense it brought its reward because, as stated the report, no introduction of cholera from emigrant ships to place, and no other port under similar circumstances escaped.

The early cases were described as of short duration, death ccurring after only five or six hours from the commencement of he illness. The Committee divided the town into thirty-nine istricts, and in those parts affected they arranged for a daily ouse-to-house visitation by local medical practitioners who olunteered to help. The value of their work was recorded in the fficial report in the following words: " Never did the members f that most liberal profession work with kinder or truer hearts han on the memorable occasion of this epidemic."

The deaths totalled 60 in one week during July, and there was onsiderable apprehension amongst the poorer classes, the aged and nfirm. The Poor Law Guardians readily co-operated with the anitary Committee, and opened a dispensary in St. Mary Street r the gratuitous supply of cholera medicine. Seven thousand ght hundred and seven doses were dispensed in thirty-two days. he New Road dispensary and the Audit House were also sed as distribution centres for this medicine. The Mayor, ccompanied by the Deputy Chairman and members of the ommittee, visited numerous sufferers in order to allay the fears their friends and neighbours. They gave advice that if the eople undertook sanitary precautions regarding the avoidance of th, offensive smells, defective drains and impure water, the ances of becoming infected would be greatly minimised. They so recommended that the clothing and bedding of the dead or k should be deodorised or destroyed, that the vomit and excreta the patients be buried or disposed of with special care. Drinking ensils used by the sufferers should receive special attention and t be used by anyone else.

The report contains the statement that, although the freest and sest contact took place between the sick and members of the mmittee, officials and nurses, none of these fell a victim to the ease.

The 42-gun frigate *Aeolus*, moored at the entrance to the River hen, was used as a hospital for the cholera cases, but no patients re removed from their homes without the consent of relatives friends. Twelve medical officers were engaged on a payment £1 15*s*. for a day and night attendance on the sick, and there was obligation to visit daily every house in their respective districts. doctors were accompanied by suitable attendants, who carried medicines for instant use and took charge of the case till death ecovery. These attendants also dealt with the sanitary arrange- nts—disinfecting and arranging burial, etc.

The Committee, in appreciation of Dr. McCormack's additional k, voted him the sum of £25, which he refused to accept. The l expenditure incurred by the epidemic came to £1,785 19*s*. 3*d*.

The fear of cholera continued for many years. In 1871, at a meeting of the Local Board of Health, Alderman Ransom stated his willingness to place at the disposal of the Board for six months a ship for the reception of any cases of cholera which might arrive at the Port.

The Local Board also concerned itself with matters outside public health, for it is recorded on the 29th November, 1871, that it was proposed to make application to Parliament for power to construct and lay down tramways in and through parts of the town.

In the same year, there was a spread of smallpox in the Highfield district. The Churchwardens wrote to the Mayor asking for the assistance of the Local Board of Health in the matter. Resolutions were also received from the inhabitants of Newtown requesting the removal of the Smallpox Hospital at Fanshawe Street, Newtown, to a more suitable locality. A deputation was received by the Mayor, who informed them that an application was being sent to the Admiralty for some hospital tents to be placed on the Common for the reception of the cases and that the temporary hospital in Fanshawe Street would be discontinued as soon as possible. This led to the purchase of land at West Quay, on which they erected a permanent hospital for the reception of infectious cases at a cost of approximately £7,000. Of this £1,167 was spent in reclaiming the foreshore, building quay walls and putting in the foundations of the new hospital. Between the years 1861 and 1871, there were 48 deaths from smallpox in the Borough.

The average population, including the Tything of Portswood, between 1861–1871, was 53,747 ; the average death rate was 22.61, and the birth rate 32.76 per 1,000 of the population, compared with rates of 11.24 and 20.72 respectively in 1948.

In 1874, work was commenced on the drainage of the Tything of Portswood under the supervision of Mr. Lemon, the Borough Engineer.

On the 18th February, 1874, Dr. Henry Osborn, Member of the Royal College of Physicians, was appointed to succeed Dr. McCormack at a salary of £250 per annum. The Government repaid half his salary on condition that he did not engage in private practice.

Dr. Henry Bencraft, the father of the late Sir Russell Bencraft, was appointed Port Sanitary Officer at a salary of £26 5*s*. for part-time service.

Dr. Osborn, in his opening remarks concerning the sanitary position of Southampton for the year 1874, said : " It continues to be satisfactory and compares favourably with other large towns in the United Kingdom, notwithstanding the direct and continuous ntercourse between an island infected by smallpox and seaports nfected with cholera. The freedom which we now enjoy from these nfectious diseases should not permit us to relax our efforts in carrying out the sanitary work, but should encourage us to put our house n order so as to be fully prepared to meet epidemic diseases which rom time to time threaten to visit us." A statement as true to-day s it was in the year 1874.

Writing of environmental conditions, he stated another fundamental rule of health when he said: "The ventilation of streets, ourts and alleys is as essential to health as ventilation of houses nd sewers, and one of the first steps towards improving the sanitary ircumstances of the town is to improve open spaces in streets where here are numbers of houses in a dilapidated state."

It is difficult to imagine a time more opportune than the resent to fulfil in the planning and rebuilding of this town the dealism expressed seventy-four years ago.

Dr. Osborn considered that sewer gases and noxious effluvia vere mainly responsible for the occurrence of infectious diseases, ut he did realise one important fact, for he observed: "The xhalation of excreta of persons with enteric or typhoid fever causes he fever to spread from one person to another, or the germ may e spread by the medium of water or milk, especially the latter. he spread of scarlet fever may be promulgated in like manner."

It must be appreciated that little was known about the acteriology and dissemination of infectious conditions in those ays, for it was around this period that great discoveries were eing made in the science of bacteriology with Pasteur's early work n 1865; Hanson's discovery of the bacillus of plague in 1871; and och's discovery of the tubercle bacillus in 1882.

Dr. Osborn appeared to have had difficulty in collecting reliable nformation about the state of sickness in the Borough, particularly rom the parochial medical officers who were appointed by the uardians of the Poor to look after the destitute sick. He stated hat he received information from the Local Registrar and from he Poor House of deaths occurring amongst outdoor paupers. He ecords that there were five cases of smallpox admitted to hospital. hese cases had arrived at the port and, as he said, "If they had ot been isolated on arrival, the disease might have spread throughut the town"—which was a clear indication that he was well ware of infection being spread by the sufferer.

The Medical Officer of Health refers to the endless trouble aused to the Inspector of Nuisances because many people kept pigs n their dwelling-houses, and also from the cement works at Northam vhich he visited with the deputy chairman of the sanitary committee, Mr. Chipperfield.

In the same annual report, he strongly recommended the abolition of private slaughterhouses and the building of a municipal abattoir. Seventy-four years have passed since this matter first received consideration, and the project is still not accomplished.

The erection of common lodging-houses was another of his early recommendations. St. Michael's House at the time of its erection was looked upon as a model lodging-house.

The water supply to the Borough was untreated river water collected at Mansbridge and numerous wells throughout the town. These sources continued in use until the Otterbourne Wells were opened in 1887. Samples for analysis were sent to Dr. de Chaumont at Netley, who reported favourably on its chemical content.

Dr. Osborn speaks of visiting the Ragged School, where he found the children healthy and only one case of scarlet fever. This child, in his view, had contracted the disease from his brother who had attended one of the Board Schools. The Master of the Ragged School informed him that the schoolrooms were whitewashed once a year, the schoolroom floors washed once a week, and he compares this with the conditions he found in the Board Schools, where the washing of the floors took place only once in six weeks or two months, and periods of years elapsed without washing the walls and general cleansing. The Ragged School movement was first started at Portsmouth by John Pounds, a dock worker, in 1818, although Cranfield had in 1791 established a school for slum children in London.

Prosecutions for infringements of the Public Health Act appeared to be very infrequent, but Dr. Osborn does record a case before the Magistrates of people being prosecuted for the keeping of pigs in their house in a most offensive state and feeding them on blood. He also records a case of two men who were sent to prison for ten days, without the option of a fine, for selling fish in a state of decomposition. At this time there were four inspectors of nuisances—three for work in the town and one in the Port.

The Medical Officer of Health refers to his visit to an undertaker's establishment in St. Mary Street, where he found thirteen coffins containing the remains of sixteen infants in various stages of decomposition and putrefaction. He mentions that on entering the cellar where ten of the coffins were secreted he found the window open, permitting the escape of noxious effluvia into the street, and when this window was shut the stench from the house was intolerable. He put forward the recommendation that to prevent a recurrence of such nuisances the matter should receive the attention o the legislature.

His definition of the difference between a dead-house and nortuary is also of interest, for he describes the former as a place vhere post-mortem examinations are carried out, whereas a nortuary is a place for the reception of a body of one who has died f an infectious disease and whose retention in a room in which the nmates sleep would endanger the health of the inmates.

A study of the causes of death contained in those reports make n interesting comparison with 1948. Tuberculosis, described by ohn Bunyan as "Captain of the men of death," was responsible n 1877 for 172 deaths in a population of 55,821. Had the same ate continued in 1948, the number of deaths in the Borough would ave been 539, whereas the actual number was 95.

There were 40 deaths from whooping cough, which to-day would ave numbered 124 instead of the 7 which occurred. Research in he development of vaccine therapy gives future promise of a narked improvement in the prevention of this disease.

In 1876, there was a widespread epidemic of scarlet fever in the Borough which resulted in 122 deaths, in a population of 55,821. o assess the extent and virulence of the disease at that time one as to realise that if a similar epidemic occurred at the present time n a population of 178,800, and the disease had continued to have he same high mortality, there would have been 382 deaths in one ear. Fortunately, scarlet fever has completely changed its charac- er during the last half-century, as is shown by the fact that there as not been a death from this disease for the last eight years in the Borough. The average death rate for the ten years 1861–1871 from carlet fever was 38.5.

A study of the cancer deaths between 1874–1878 shows some urprising comparisons. On actual figures there would appear to e a marked increase at the present time, but caution is required n interpreting this information. Account must be taken of the etter means of diagnosis which now exist compared with that time, or many of the conditions labelled as non-cancerous were un- oubtedly cancer. The fact that the expectation of life has so reatly increased, brings a high proportion of the population within he age period at which malignant growths are more prevalent. It therefore impossible to be dogmatic about the increased incidence ithout detailed information regarding age distribution and other ictors, even when it concerns growths in superficial parts, such as the breasts in females. As a matter of interest, the average umber of deaths from cancer of the breast between 1874–1878 as 3, whereas in 1948 they numbered 36, which, with the correc- on of population, means that the incidence to-day is four times reater. One therefore asks oneself whether the difference in these umbers can be accounted for by modern methods of diagnosis, or hether the disease is becoming more prevalent. Deaths from cancer of the stomach, corrected for population, numbered 9 compared with 60 during the present year.

Gout is a disease now seldom seen, yet in 1876 it was the cause of 8 deaths, in a population only one-third that of the present day.

There were 98 deaths from typhoid and 14 from typhus between the years 1873–1880.

The annual deaths from suicide averaged 4, whereas in 1948 the number was 27. The aftermath of two world wars and the strain of modern living is undoubtedly responsible for the increase.

In 1880, the infantile mortality rate was 166.6 per 1,000 births, compared with 36.6 in 1948. The deaths of children under 5 years gave a rate of 118.7 per 1,000 births, as compared with the present rate of 41.5.

Up to the year 1884, Dr. Henry Bencraft held the appointment of Port Sanitary Medical Officer, but, following his death in that year, the two appointments of Medical Officer of Health and Port Medical Officer were combined.

Dr. Hobley was another notable figure in the town, whose memory has been perpetuated by the Hobley Memorial.

On the 23rd March, 1890, Dr. Wellesley Harris was appointed Medical Officer of Health in succession to Dr. Henry Osborn, during the chairmanship of Alderman Edward Bance, J.P.

The estimated population of the Borough in 1890 was 66,347 It covered an area of 2,004 acres, and the density of the populatio was 33.1 per acre. The birth rate was 27.86 per 1,000 person living, which was the lowest rate recorded for the last ten years when it had averaged 31.22. Dr. Wellesley Harris observed tha there has been a steady decline since 1881, when the birth rate wa 36.69. The Municipal Borough of Southampton now included th Tything of Portswood.

In 1890, the excess of births over deaths was 680. The deat rate was 17.61 per 1,000 of the population—.62 per 1,000 lower tha the mean average of the ten years 1881–1890, when it was 18.2 Estimating the death rates for the various wards, it was foun that St. Mary's had the highest and Bevois Valley the lowest. Th infantile mortality rate had now fallen to 129 per thousand births

On studying the rates for several other towns of similar popula tion, one finds that Merthyr Tydfil, with a population of 58,00 had an infantile mortality rate of 412. It is possible to identify th industrialised areas by their high infantile mortality rates. Fo example, Oldham had a rate of 180, Wigan 193, Huddersfield 16 while the less industrialised towns such as Reading and York ha rates of 131 and 121 respectively. The average rate for the who of England and Wales was 151.

Early in his appointment, Dr. Wellesley Harris concerned himelf with clearing away the insanitary areas, and his efforts resulted n the Simnel Street–West Quay clearance area.

The Southampton Fever Hospital at that time was at West uay, and consisted of two private houses, to which, later, an iron tructure was added as an annexe. Dr. Harris made numerous epresentations to the Council relative to the unsatisfactory conition of the accommodation, and warned the Council of the serious osition should an epidemic arise. His prediction proved to be orrect, when in 1892 an outbreak of smallpox occurred with 153 ases. The Council, to meet the emergency, hired a floating port anatorium at a cost of £100 a month. They later purchased the *ity of Adelaide* as a permanent hospital, at a cost of £5,500. This essel had previously been engaged in passenger traffic to Australia, nd after conversion into a hospital the ship was moored in the iver Test two and a half miles north of Southampton Pier. A unch was purchased in 1893 at a cost of £600 to convey the sick om ships to the Docks.

It is interesting to record the total expenditure for health rvices in the Borough in 1898 was £4,535 13*s*. 0½*d*., produced by rate of 3*d*. in the £. The cost of the Port Sanitary administration nounted to £1,521 13*s*. 1½*d*. The cost of the health services in 48 was £200,630 plus £8,490 for port health administration.

The area of the Borough had, by 1896, increased to 5,295 acres, nd included Portswood, Bitterne Park, Shirley, Freemantle and illbrook. The size of these adjoining areas, compared with the wn proper, was as follows :—

11,265 houses in the town ;
2,887 houses in Portswood and Bitterne Park ;
4,284 houses in the combined areas of Freemantle, Shirley and Millbrook.

The total houses contained in the whole of the Municipal orough numbered 18,436, with an estimated population of 98,002.

The average birth rate for the period 1888–1897 was 30.03, and e average death rate 17.84.

In 1894, Dr. Harris made an official representation relative to e Simnel Street–West Quay Improvement Scheme. This was by mpulsory purchase. The actual cost of the scheme amounted to 8,762. In this slum clearance there were 298 displaced persons o were partly rehoused in twenty-six self-contained dwellings own as the artisan dwellings, which surround St. Michael's House.

The remainder found their own accommodation, or went to live in St. Michael's House, the first common lodging-house to be built in the country, at a cost of £11,198. This model lodging-house provided 186 cubicles, and was officially opened on the 1st November, 1899, by Alderman Hussey (afterwards Sir George Hussey).

Another event of great importance in the public health history of Southampton was the opening of the Isolation Hospital, Shirley, by the then Mayor, Alderman G. Hussey, on the 12th February, 1900. The Hospital and its grounds covered an area of ten acres, and was built at a cost of £22,827, plus £7,173 for heating, lighting, planting grounds, etc. Between the years 1892 and 1900, there were 269 cases of smallpox admitted to the fever hospital and over the same period there were 490 cases of diphtheria notified. In 1898, there were 169 cases of typhoid ; and in 1899, 188 cases, only 3 of which were isolated in hospital.

The last case of cholera occurred in Southampton in 1893. The case was brought in a ship called the *Glenmore,* loaded with grain from the Black Sea. The patient, an engineer, was in a moribund condition, and was admitted to the temporary hospital called " Morglay," where he was kept for three weeks until cured and discharged. Dr. Harris writes that during the voyage there had been several suspicious cases of diarrhoea, and two of the crew were reported as having been landed at Malta with cholera. He states the vessel was disinfected and all the necessary precautions taken on board. Before the crew were allowed to land, the correctness of the addresses and destinations to which they were going were verified by telephone.

At this time, Dr. Harris also drew attention to the lack of accommodation in the Docks for the Port sanitary staff, and it was agreed that the South Western Company should erect an office, which would be rented to the Port Sanitary Authority.

This ends the first half-century of public health in Southampton. In the next fifty years, the history will show the progress made in the building-up of the maternity and child welfare, the school health services, tuberculosis, venereal diseases, and many other developments in the care and social welfare of the people.

GENERAL PROVISION OF HEALTH SERVICES AND SANITARY CIRCUMSTANCES OF THE AREA

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

The following particulars are inserted by the request of the Minister of Health

Hospitals provided or subsidised by the Local Authority

A. (1) Borough Hospital*

This Hospital, previously known as Shirley Warren Infirmary, was, on the transfer of the functions of the Poor Law Guardians under the Local Government Act, 1929, appropriated by the County Borough Council for the purpose of a General Hospital, and for the reception of the sick under the Public Health Acts. The administration and control of the Hospital were delegated by the Borough Council to the Health Committee.

A detailed Report on the Borough Hospital is given on page 117.

2) Isolation Hospital*

This Hospital, known as the Southampton Isolation Hospital and Sanatorium, was opened in 1900, and is situated at Millbrook within the County Borough.

The Hospital is constructed of brick, and stands on high ground, sloping to the south. The buildings consist of an entrance lodge, out-bathing station, mortuary, administration block, five pavilions, one of which was erected in 1905, laundry, ambulance block, disinfector, and other buildings. In addition to this accommodation there are two huts, containing 16 beds each, which were erected for he reception of military cases in 1916.

The total number of beds provided for infectious cases is 108 and 33 cots; together with 136 beds for the treatment of Tuberculosis, as shewn under the heading, B (1) Tuberculosis.

Provision has been made for any future extension necessary, he building having been arranged with that end in view. The original site contained 10.25 acres, and in 1915 the Corporation acquired the adjoining land and buildings, bringing the present acreage of land to 49.75 acres.

A detailed Report on the Isolation Hospital will be found on page 121.

3) Royal South Hants and Southampton Hospital*

This is a voluntary Hospital, containing 363 beds.

(4) SOUTHAMPTON CHILDREN'S HOSPITAL*

This is a voluntary Hospital for the treatment of children, and contains 63 beds.

(5) FREE EYE HOSPITAL*

This is a voluntary Hospital of 30 beds, specialising in the treatment of eye conditions.

B. (1) TUBERCULOSIS*

One hundred and thirty-six beds are available for the treatment of cases of tuberculosis in pavilions set aside for this purpose at the Isolation Hospital.

(2) MATERNITY

A Maternity Unit* attached to the Borough Hospital, was opened during 1937.

Ambulance Facilities

An ambulance service is provided by the Health Committee. For detailed Report see page 71.

Clinics and Treatment Centres

The following Clinics and Treatment Centres are provided by the Local Authority :—

Maternity Centres and Infant Clinics :—
Health Centre, King's Park Road.
Sydney House, Pear Tree Avenue.
Oatlands House, Winchester Road.

Welfare Centres :—
Health Centre, King's Park Road.
Sydney House, Pear Tree Avenue.
Oatlands House, Winchester Road.
Bitterne Park Welfare Centre, Cobden Avenue.
St. Albans Welfare Centre, Burgess Road.
St. Denys Welfare Centre, St. Denys Road.

*Tuberculosis Dispensaries :—
Health Centre, King's Park Road.
Sydney House, Pear Tree Avenue.

School Clinics (see separate Report) :—
Health Centre, King's Park Road.
Sydney House, Pear Tree Avenue.
Oatlands House, Winchester Road.

Bassett Green School (Branch).
Shirley Warren School (Branch).
St. John's School (Branch).
Aldermoor School (Branch).
Cardigan Road Dental Clinic.

* Treatment Centres for Venereal Diseases :—
Cardigan Road (Males).
Health Centre, King's Park Road (Females).
Southampton New Docks (Males).
Southampton Old Docks (Males).
Borough Hospital (In-Patients).

Note.—Hospitals and Services marked * were transferred to the Regional Hospital Board on the 5th July, 1948.

Professional Nursing in the Home

(a) GENERAL

Prior to the 5th July nursing was provided by the Queen Victoria Jubilee Nurses Institute for cases brought to their notice by the Health Visitors. Following the introduction of the National Health Act, 1946, the staff and premises of the voluntary organisation were taken over by the Health Department, and operated under the title of Home Nursing Service. Particulars of the work carried out during the year will be found on page 63.

b) INFECTIOUS DISEASES

Cases are removed to the Isolation Hospital for treatment where proper isolation or adequate nursing arrangements cannot be provided in their homes. Cases of measles, chicken pox, and other diseases coming to the knowledge of the department are visited by the Health Visitors, and, if necessary, removed to the Isolation Hospital. Disinfection is carried out at the home after removal or recovery of cases, and the bedding and other articles removed to the West Quay Disinfecting Station.

Midwives

The number of midwives practising in the area during the year was 57 — 8 Maternity Unit, 23 Nursing Homes, 26 District — all of whom are certificated midwives.

A Municipal Midwifery Service was commenced on the 0th July, 1937.

Maternity and Nursing Homes

The number of registered Nursing Homes at the present time 18.

Chemical Work

The chemical work is carried out by the Public Analyst in the Borough Laboratory.

Bacteriological examinations are undertaken at the Public Health Laboratory established by the Medical Research Council at the Health Centre, King's Park Road.

Legislation in Force

LOCAL ACTS DEALING WITH SANITARY MATTERS :

The Southampton Improvement Act, 1844. The Southampton Corporation Act, 1910. The Southampton Corporation Act, 1931. The Southampton Corporation Act, 1937.

GENERAL ADOPTIVE ACTS

Public Health (Amendment) Act, 1890, except Part IV. Public Health (Amendment) Act, 1907. Public Health Act, 1925.

BYE-LAWS.

Common Lodging Houses ; Seamen's Lodging Houses ; Houses let in Lodgings ; Slaughter-houses ; New Streets and Buildings ; Drainage of existing houses ; Tents, vans, sheds, or other similar structures ; For the prevention of nuisances arising from snow, filth, dust, ashes and rubbish, and for prevention of keeping of animals on any premises so as to be injurious to health ; Spitting in public places ; Offensive Trades ; Supervision and control of hairdressers' premises.

MORTUARY

A Mortuary opened on the 4th February, 1936, situated adjoining the Disinfecting Station at West Quay, is well equipped and of modern design.

A full description of this building was given in my Annual Report for the year 1935.

SANITARY CIRCUMSTANCES OF THE DISTRICT

The following particulars have been kindly supplied by the Waterwork's Engineer :—

OUTHAMPTON CORPORATION WATERWORKS

The statutory area of supply of the Corporation's Water Undertaking extends to 220 square miles, and includes, in addition to large country district, the Boroughs of Southampton, Eastleigh nd Romsey.

The present supply is derived from wells in the upper chalk at Otterbourne, Twyford and Timsbury, and from the River Itchen t Otterbourne. The supply from the River Itchen is a recent evelopment of the undertaking and was first brought into use in une, 1942. The first instalment of the Works of the River Itchen upply have been designed to produce a supply of 3,500,000 gallons day, and the Ministry of Health has just authorised the construc- on of the second instalment of the Works which will bring the upply available from the River Itchen up to 7,000,000 gallons a ay. The new works will be completed in about 3 years time. The orporation has power to abstract a total quantity of 10,000,000 gallons a day from the River Itchen, so there is ample water available for the immediate further development of the town's water upply.

(a) The Water from the Corporation's wells is a typical chalk water, clear and bright in appearance, free from solid matter in uspension, and having a natural total hardness of about 23 parts er 100,000. The water is softened by means of the " lime " rocess and sterilised by means of the " chloramine " process before being pumped into supply.

(b) The water from the River Itchen is of a similar character the water from the Corporation's Wells, and of about the same egree of hardness, but is subject to certain variations in quality epending on local weather and other conditions. The water ceives an initial dose of chlorine on being drawn from the river, nd is then pumped up to combined purification and softening orks. The water passes through a series of tanks where sedimenta- on, assisted by the addition of sulphate of alumina, and softening the addition of lime, take place. After the sedimentation and ftening process is completed, a dose of sodium hexametaphosphate algon) is added to prevent after-precipitation in the mains and pes and, at times, activated carbon is added to remove river tastes." The water is then filtered through rapid gravity sand ters and finally receives a dose of " chloramine " before being umped into supply.

Samples of water are taken regularly from the various sources of supply and submitted to bacteriological examination. The following table shows the number of samples taken from each source and the results of the examination.

BACTERIOLOGICAL EXAMINATION OF WATER

Description of Water	Total No. of Samples	Coliform Bacilli—MacConkey, 2 days, 37 C. Number of samples showing probable numbers present in 100 ml.					
		Nil	1 to 2 present	3 to 10 present	11 to 100 present	101 to 1,000 present	More than 1,000 present
Otterbourne :							
Well ...	26	16	4	3	3	Nil	Nil
Treated ...	52	51	1	Nil	Nil	Nil	Nil
Twyford :—							
Well ...	26	7	6	7	6	Nil	Nil
Treated ...	54	53	1	Nil	Nil	Nil	Nil
Timsbury :—							
Well ...	26	22	3	1	Nil	Nil	Nil
Treated ...	52	52	Nil	Nil	Nil	Nil	Nil
River Itchen:—							
River ...	56	Nil	Nil	Nil	3	45	8
Treated ...	53	53	Nil	Nil	Nil	Nil	Nil
Distribution System ...	181	180	1	Nil	Nil	Nil	Nil

(c) During the year ended 31st March, 1949, the averag daily consumption through the Corporation's Area of Supply wa 12,873,000 gallons. This is a decrease of over half a million gallon a day as compared with the consumption during the previous yea and is no doubt due to the wet summer of 1948. May, 1948, wa the month in which the greatest quantity of water was used, but th average daily rate during that month amounted only to 13,586,00 gallons ; and on the 20th May, 1948, the heaviest day's consumption during the year occurred, when the quantity amounted t 16,607,000 gallons. The estimated population within the Corporation's Water Limits is about 311,000 persons.

The following information is included in accordance with th instructions of the Ministry of Health.

(a) The quality of the water has been satisfactory.
(b) The quantity of the water has been satisfactory.

) Bacteriological examinations of the raw water are made once a fortnight and of the treated water once a week. The number of examinations and the results obtained are shown in the Table on the preceding page.

i) The water has no plumbo-solvent action.

) All water supplied by the Water Undertaking is sterilised by means of the chloramine process before being pumped into supply.

The total number of houses to which supplies are connected in the Borough is 47,665, but all these are not at present occupied, some being in various stages of repair. The Registrar-General's estimate of the population within the Borough is 178,800 persons, practically all of whom are provided with piped water supplies.

(a) Number of dwelling-houses within the Borough of Southampton supplied from public water mains 47,665.

(b) Number of dwelling-houses within the Borough of Southampton supplied by means of standpipes—Nil.

VITAL STATISTICS

BIRTHS, DEATHS
AND
INFANTILE MORTALITY

VITAL STATISTICS

IRTHS—

	Males	Females	Total
Legitimate	1,770	1,669	3,439
Illegitimate	136	131	267
TOTAL	1,906	1,800	3,706

irth Rate	20.72
umber of Stillbirths	93

EATHS—

Number of Deaths	2,011
Death Rate	11.24

aternity Mortality Rate—

Per thousand live births	1.35
Per thousand total births	1.32
umber of women dying in, or in consequence of, childbirth	5
eaths of infants under one year of age per 1,000 births	36.16
arriage Rate	8.8
umber of Deaths from Pulmonary Tuberculosis	95
Rate per 100,000 population	53.13
umber of Deaths from Non-Pulmonary Tuberculosis	18
Rate per 100,000 population	10.06

PULATION—

Registrar-General's estimated population at the middle of 1948	178,800

BIRTHS

The total number of births occurring among residents of the Borough was 3,706 as compared with 4,217 in the previous year. The actual number of births registered in the Borough was 3,986 of which 337 were non-resident.

The birth-rate was 20.72 which is a decrease of 4.53 compared with the previous year. The birth-rate in 1947 was 25.25.

The excess of births over deaths was 1,695.

Of the total of 3,706 births, 1,906 were males and 1,800 females.

The number of illegitimate births recorded was 267, of which 136 were males and 131 females.

The Notification of Births Act came into operation in the Borough on the 9th March, 1908. This Act requires any person in attendance upon the mother within six hours after the time o birth, to notify the Medical Officer of Health in writing of such birth within thirty-six hours of the birth having occurred.

DEATHS

The death-rate of the County Borough for the year was 11.2 per 1,000 of the population, being a decrease of 2.04 compared with the previous year.

The total deaths registered in the Borough amounted to 1,961 of which 224 were non-residents. Two hundred and eighty-nin deaths of residents of the Borough occurred in other districts i England and Wales.

Of the 1,961 deaths registered in the Borough, 823, equal t 41.9 per cent., occurred in Public Institutions.

CLASSIFICATION OF CAUSES OF DEATH ACCORDING TO DISEASES

	Cause of Death	Males	Females	Total
1.	Typhoid and Paratyphoid Fevers	—	—	—
2.	Cerebro Spinal Fever	2	—	2
3.	Scarlet Fever	—	—	—
4.	Whooping Cough	3	4	7
5.	Diphtheria	—	—	—
6.	T.B. of Resp. System	62	33	95
7.	Other forms of T.B.	12	6	18
8.	Syphilitic Diseases	13	5	18
9.	Influenza	5	3	8
0.	Measles	1	1	2
1.	Acute Poliomyelitis and Polio Encephalitis	—	1	1
2.	Acute Inf. Encephalitis	—	—	—
3.	Cancer of Buccal Cavity ... Oesophagus (M) ... Uterus (F)	25	13	38
4.	Cancer of Stomach and Duodenum	40	20	60
5.	Cancer of Breast	—	36	36
6.	Cancer of all other sites	117	81	198
7.	Diabetes	1	5	6
8.	Intra. Vascular Lesions	107	120	227
9.	Heart Disease	295	284	579
.	Other Disease of Circulatory System	37	47	84
.	Bronchitis	56	39	95
.	Pneumonia	48	35	83
.	Other Resp. Disorders	12	11	23
.	Ulcer of Stomach or Duodenum	19	3	22
.	Diarrhoea under 2 years ...	7	8	15
.	Appendicitis	3	3	6
.	Other Digestive Disorders ...	21	18	39
.	Nephritis	46	24	70
.	Puerperal Sepsis	—	—	—
.	Other Maternal Causes	—	5	5
.	Premature Birth	28	23	51
.	Congenital Malformation, Birth Injuries, Infant Diseases ...	30	8	38
.	Suicide	19	8	27
.	Road Traffic Accidents	10	5	15
.	Other Violent Causes	16	13	29
.	All other Causes	65	49	114
	Totals ...	1,100	911	2,011

INFANTILE MORTALITY

The deaths of infants under one year of age recorded during the year was 225, consisting of :—

	Legitimate	Illegitimate
Male	71	11
Female	47	5

During the last ten years the infantile mortality rate has been as follows :—

Year	*Infantile Mortality Rate*	*Year*	*Infantile Mortality Rate*
1939 ...	46.29	1944 ...	46.36
1940 ...	50.6	1945 ...	56.09
1941 ...	52.15	1946 ...	41.07
1942 ...	40.86	1947 ...	53.35
1943 ...	38.9	1948 ...	36.16

NOTIFIABLE INFECTIOUS DISEASES

FOOD POISONING

A case of food poisoning was notified on the 8th October by a practitioner, who sent the case into hospital on the 2nd October. The child, aged 15 months, was admitted on account of a middle ear infection, but was found to have Salm. typhi-murium in her faeces.

Investigation at the child's home showed that there were two related families living in the house, one consisting of the father, mother and six children, and the other of a husband and wife only. Although no statutory overcrowding existed, the available accommodation was well filled.

The father of the notified case had only recently recovered from diarrhoea, and two other children had slight diarrhoea on the day the inspector visited the house. These two children were admitted to the Isolation Hospital, and specimens of faeces were taken from all persons in the house. As the premises had been rat infested some months previously and mice were present in the house, twelve mice were sent to the laboratory, together with mouse droppings.

The Public Health Laboratory reported that the faeces of all persons in the house, as well as of the three children in hospital, contained Salm. typhi-murium. The father of the family worked in a grocer's shop and was advised to consult his own doctor, and to cease work until free from infection.

No evidence of Salm. typhi-murium was found in the mice or roppings. No food or drink was found to be responsible for the nfection, the source of which was not determined.

The individuals remaining at home were advised about hygienic recautions, and further specimens of faeces were submitted. Not ntil the 25th November had three consecutive negative reports een obtained on faeces specimens.

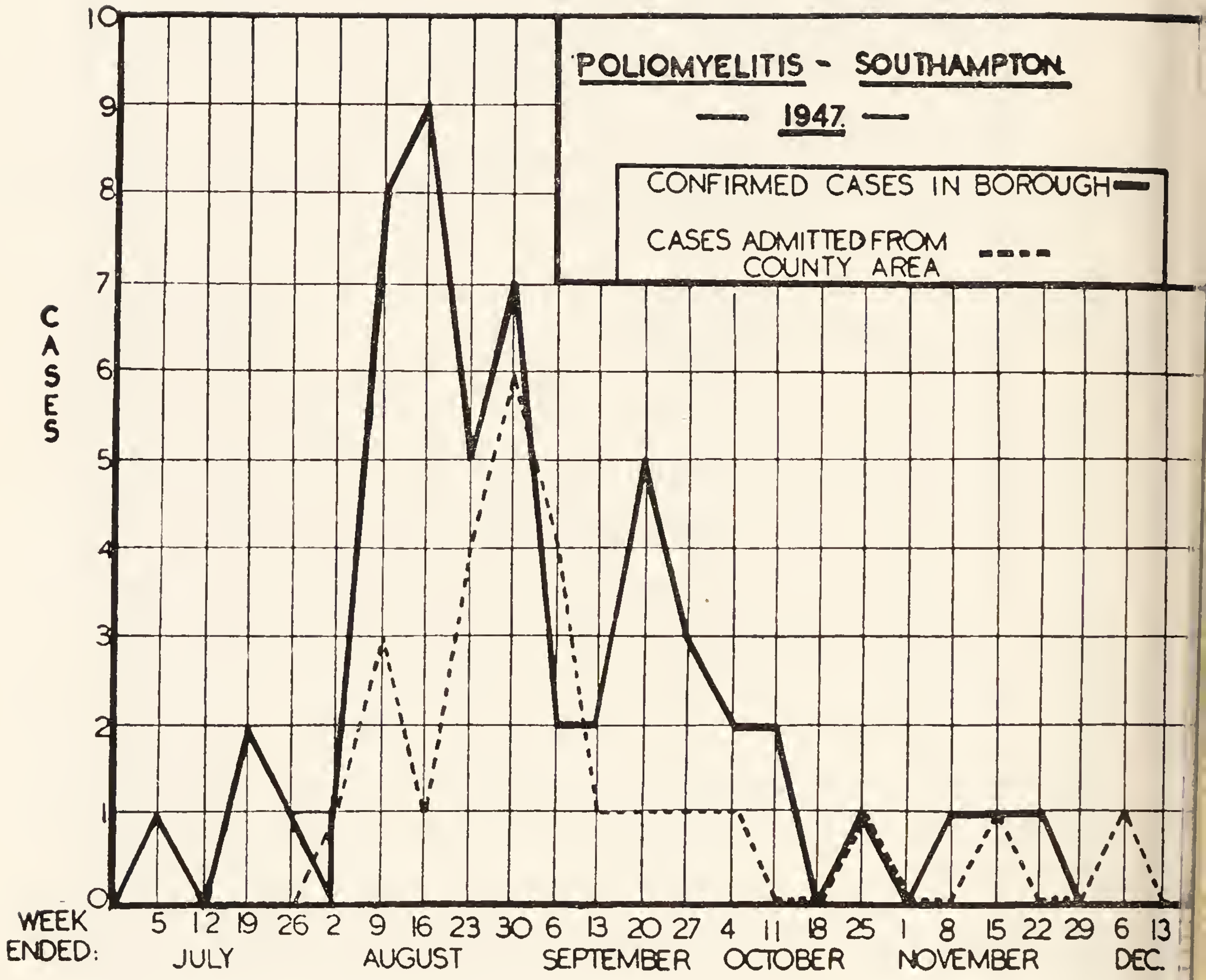
INFECTIOUS DISEASES

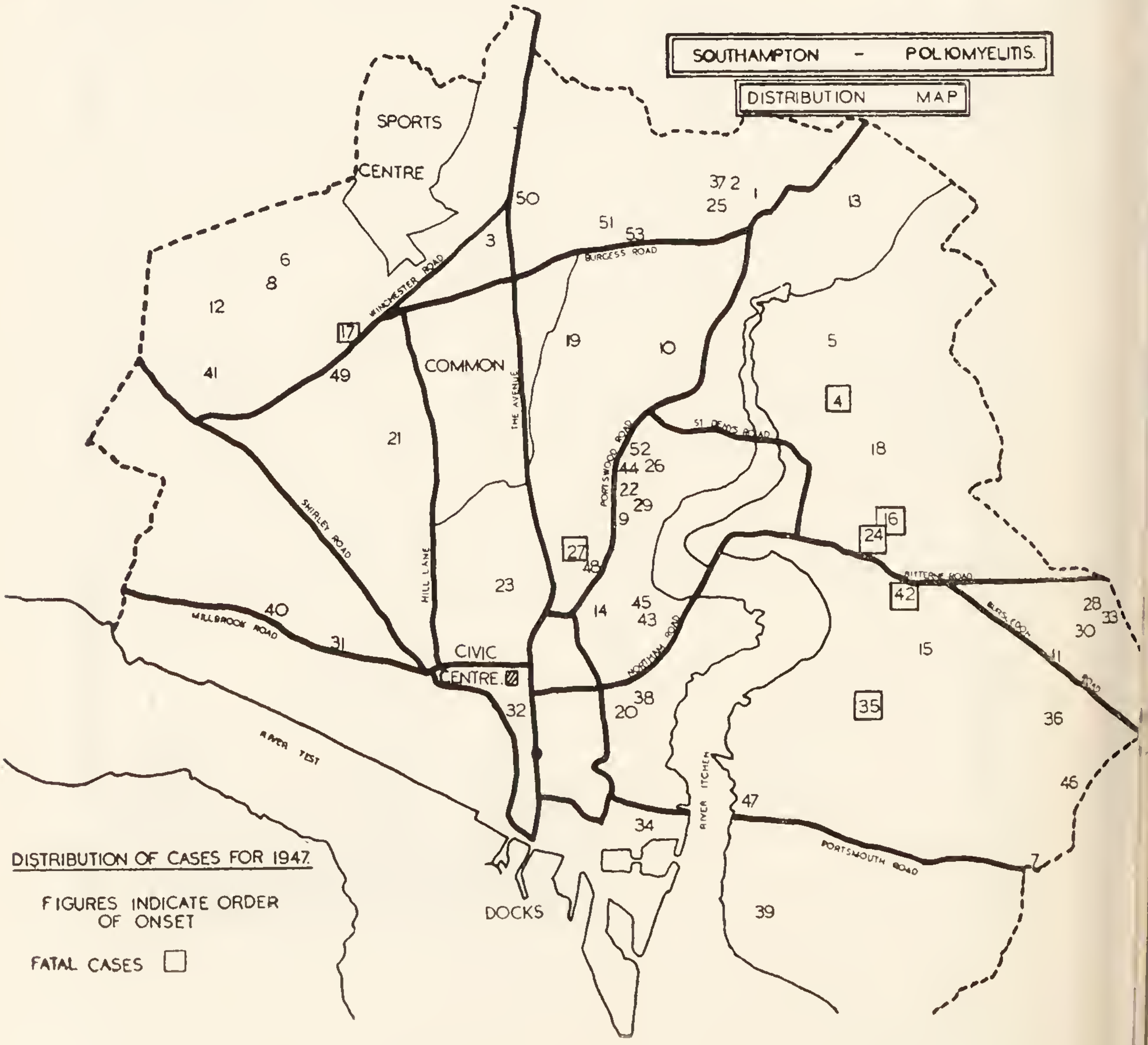
Number of Notifications received during the year :—

Scarlet Fever	165
Diphtheria	11
Enteric Fever	—
Puerperal Pyrexia	14
Erysipelas	47
Cerebro Spinal Fever	9
Anterior Poliomyelitis (Infantile Paralysis)	11
Ophthalmia Neonatorum	5
Pemphigus Neonatorum	—
Dysentery	7
Anthrax	—
Malaria	2
Pneumonia	111
Measles	1,909
Whooping Cough	490
Food Poisoning	5
Tuberculosis (Pulmonary)	234
Tuberculosis (Non-Pulmonary)	34
	3,054

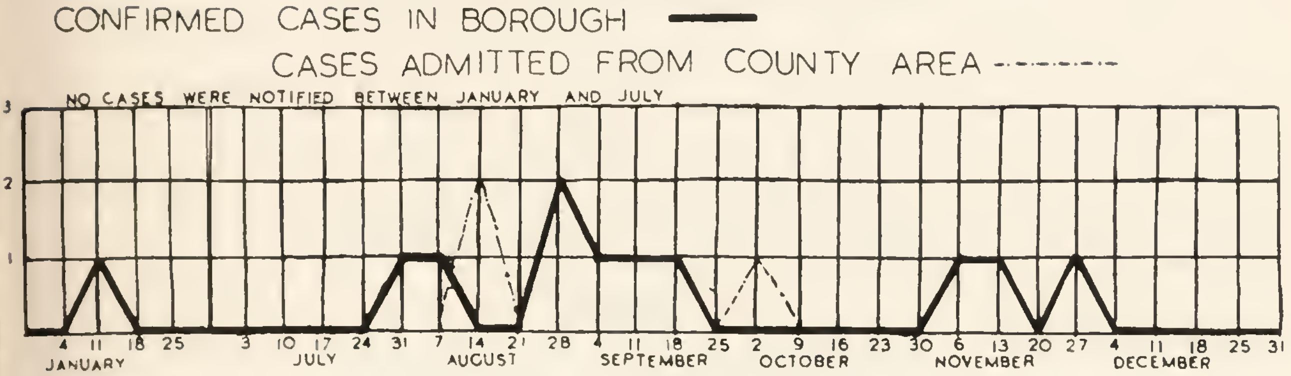
CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR, CLASSIFIED IN AGES AND LOCALITIES

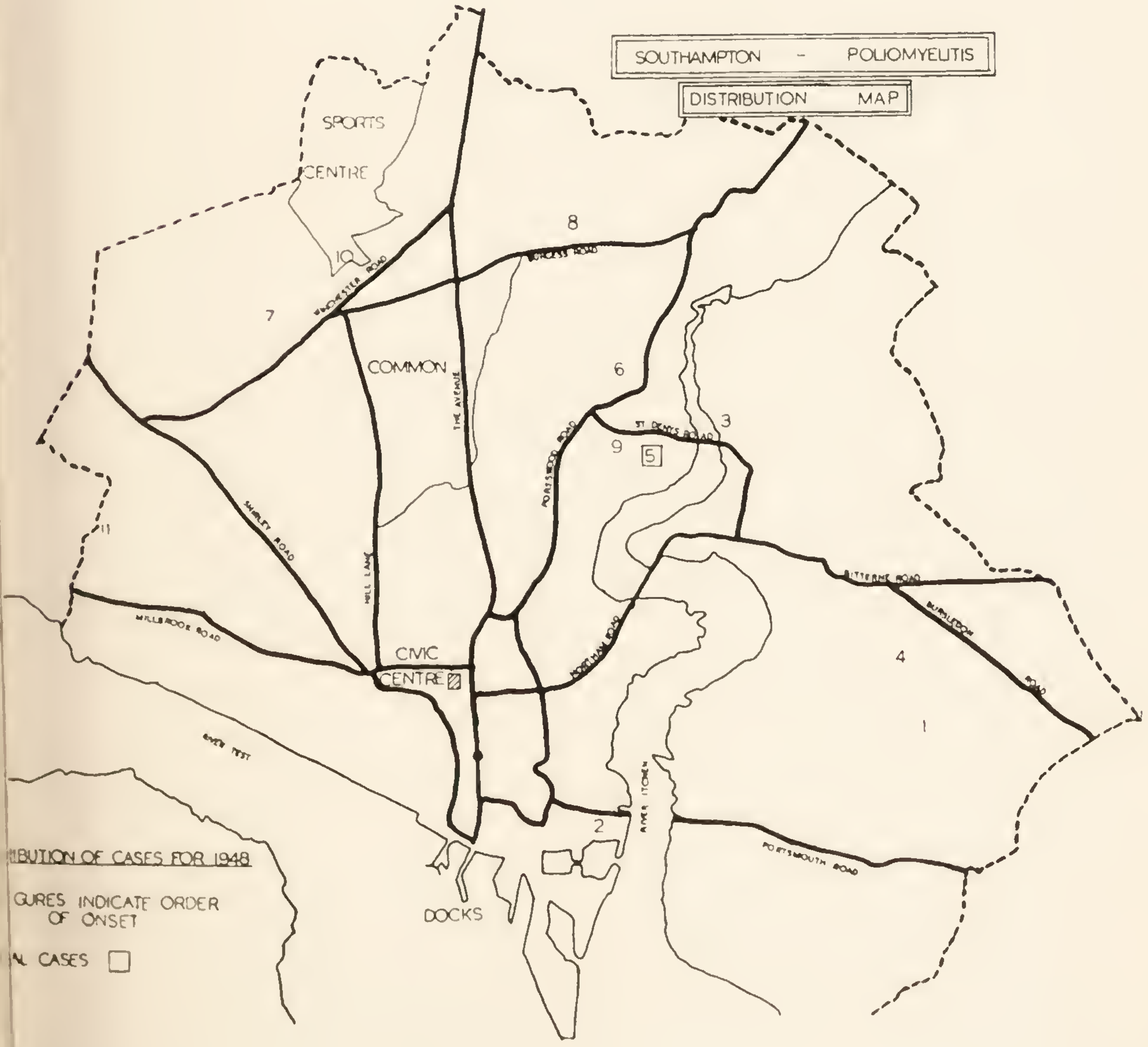
DISEASE	Number of Cases Notified								Total Cases Notified in each Municipal Ward																	Total Cases	Total Cases Admitted to Isolation Hospital
	At Ages—Years																										
	Under 1 year	1 & under 5 yrs.	5 & under 15 yrs.	15 & under 25 yrs.	25 & under 45 yrs.	45 & under 65 yrs.	65 and upwards	Age unknown	Town	St. Mary's	Northam	Trinity	Newtown	All Saints	Bevois	Banister	Freemantle	Millbrook	Shirley	Portswood	St. Denys	Bitterne & Pear Tree	Bitterne & Sholing	Woolston	St. Nicholas		
Scarlet Fever	3	43	106	7	5	—	—	1	3	—	4	—	2	4	2	5	11	16	31	8	15	15	33	9	7	165	80
Diphtheria	1	—	1	4	5	—	—	—	—	—	2	—	—	1	—	—	—	—	2	3	1	—	2	—	—	11	11
Para-typhoid Fever ...	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
Puerperal Pyrexia ...	—	—	—	4	10	—	—	—	—	1	1	—	—	1	—	—	—	1	3	—	—	2	1	2	2	14	3
Erysipelas	—	1	4	1	6	25	10	—	2	1	2	1	—	—	1	3	1	4	9	3	3	4	4	5	4	47	14
C.S.M.	1	4	2	2	—	—	—	—	1	—	—	—	1	—	—	—	2	1	—	1	—	—	—	2	1	9	9
Acute Poliomyelitis ...	—	4	3	1	3	—	—	—	—	1	—	—	—	—	—	—	—	1	1	2	2	—	2	—	2	11	11
Pemphigus Neon	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum ...	5	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	3	—	—	—	1	—	—	5	1
Dysentery	—	1	1	—	—	2	—	—	1	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	3	7	5
Malaria	—	—	—	3	2	—	—	—	—	—	—	—	—	—	—	—	—	1	.	—	—	—	1	—	—	2	—
Pneumonia	15	19	18	6	14	23	13	—	1	2	14	4	8	2	8	—	4	3	26	4	5	2	17	3	8	111	15
Measles	62	920	907	9	13	—	—	1	28	25	34	35	34	26	37	34	13	164	306	30	24	165	637	210	107	1909	80
Whooping Cough	65	281	133	2	9	—	—	—	6	1	20	7	17	16	17	15	24	37	65	21	22	39	124	35	24	490	50
Food Poisoning	1	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	3	—	5	5
TOTALS	153	1275	1175	39	67	53	23	2	42	31	77	48	62	50	65	57	55	229	449	72	73	227	823	269	158	2787	285


POLIOMYELITIS - SOUTHAMPTON
— 1947 —
CONFIRMED CASES IN BOROUGH
CASES ADMITTED FROM COUNTY AREA
CASES
0
1
2
3
4
5
6
7
8
9
10
WEEK ENDED:
5 12 19 26
JULY
2 9 16 23 30
AUGUST
6 13 20 27
SEPTEMBER
4 11 18 25
OCTOBER
1 8 15 22 29
NOVEMBER
6 13
DEC.


SOUTHAMPTON - POLIOMYELITIS.
DISTRIBUTION MAP
SPORTS CENTRE
COMMON
CIVIC CENTRE
DOCKS
WINCHESTER ROAD
BURGESS ROAD
THE AVENUE
SHIRLEY ROAD
HILL LANE
MILLBROOK ROAD
PORTSWOOD ROAD
ST. DENYS ROAD
NORTHAM ROAD
BITTERNE ROAD
BURSLEDON ROAD
PORTSMOUTH ROAD
RIVER TEST
RIVER ITCHEN
DISTRIBUTION OF CASES FOR 1947.
FIGURES INDICATE ORDER OF ONSET
FATAL CASES ☐

POLIOMYELITIS - SOUTHAMPTON
-1948-





CARE OF MOTHERS
AND
YOUNG CHILDREN

REPORT OF THE SENIOR DENTAL OFFICER
ON
MATERNITY AND CHILD WELFARE
DENTAL SERVICE

With a staff of only two dental officers and a school popula- on of nearly 24,000, it is obvious that no comprehensive form of ental treatment can be given in Southampton as a regular routine.

Some nursing and expectant mothers are referred for dental eatment from the ante-natal and other clinics, and our aim is to sure that these patients are, as far as possible, free from dental ouble during the confinement and nursing periods, and indeed is modest aim is largely achieved. Within these limits we can, d do, give a priority service, so that no expectant or nursing other needs to suffer from actual pain or sepsis, but this is far om the full and comprehensive service which is so desirable for ese patients.

Children below school age are also accepted for treatment, these tients being nearly always brought to the dental clinics on the itiative of the mothers. This usually means that the child is ying with toothache, and that the mother has failed to obtain eatment elsewhere.

All such patients are accepted and can be said to receive a iority service in that they do not have to wait for treatment, t preventive treatment is rarely sought.

It can be said that we are doing what we can to prevent or dicate the worst effects of dental caries, and only the lack of staff ohibits us from expanding into what appears to be a nearly limit- s service, the value of which it would be difficult to over estimate.

The following Table gives details of dental treatment carried t during the year in respect of expectant and nursing mothers, d children under 5 years of age, with a separate Table covering period 5th July–31st December, 1948.

DENTAL TREATMENT UNDERTAKEN DURING THE YEAR.

	Cases Examined	Fillings	Extractions	N_2O Administrations	Scalings	Other Operations	Dentures Provided
Nursing and Expectant Mothers ...	327	27	522	206	13	18	2
Children under 5 years of age ...	439	23	615	265	14	37	—

DENTAL TREATMENT UNDERTAKEN DURING THE PERIOD 5.7.48—31.12.48.

	Cases Examined	Fillings	Extractions	N_2O Administrations	Scalings	Other Operations	Dentures Provided
Nursing and Expectant Mothers ...	137	13	238	80	5	10	—
Children under 5 years of age ...	227	17	342	151	14	10	—

CARE OF MOTHERS AND YOUNG CHILDREN

1 (a) Midwives Acts, 1918–36. Insurance Scheme

This Insurance Scheme made provision for any expectant mother, coming within an income limit of £350 per annum, to pay a premium of 12/6 for a first pregnancy, and 10/- for any subsequent pregnancy. This fee, payable to the Medical Officer of Health, insured her against any financial liability that may have been incurred by the services of a doctor having been called in by a midwife on Form "A" (application for medical aid), in accordance with the rules of the Central Midwives Board. The Scheme became inapplicable and was discontinued when the National Health Service Act, 1946, came into force on the 5th July, 1948, providing for free medical aid to all under such circumstances.

The number of cases from whom the insurance fee was received during the year was 184. From the commencement of the financial year, 1st April, 1948, until the closing of the Scheme, there were 97 new insured cases, from whom a total of £54 in fees was received. The payments made to doctors under the Scheme, during the same period, amounted to £301, but it is pointed out that this sum ncluded many payments in respect of cases from whom insurance ees had been received during the previous financial year.

(b) Inspection of Midwives

During the year, 57 notifications of intention to practise in he County Borough of Southampton were received. Practising midwives in the Maternity Unit, Nursing Homes and domiciliary ervice, are included in this number. The supervision of municipal nd private district midwives is carried out by the Supervisor of Midwives appointed by the Council. The number of routine nspections made during the year was 80.

To reduce the danger of infection, the wearing of caps, overalls, masks and gloves is advocated. In all cases where infection ccurs, the midwife is immediately replaced by a Queen's Nurse, nd the midwife and her appliances disinfected. Disinfection is arried out at the Disinfecting Station, West Quay, a trained nurse eing in attendance to supervise treatment, or at home during the week-ends if the infection is not of a serious nature.

Three midwives were disinfected at home during the year, ollowing contact with cases of puerperal pyrexia.

Notifications received by the Local Supervising Authority, and isits made in connection with midwifery work during the year, were as follows :—

Notifications—	
Intention to practise	57
Sending for medical aid	756
Stillbirths	26
Artificial feeding	73
Death of infant	13
Contact with infectious disease	2
Puerperal Pyrexia	14
Ophthalmia Neonatorum	6
Laying out dead bodies	4

Visits—	
By Inspector of Midwives—	
Routine Inspection of Midwives	80
Routine Inspection of Maternity Homes	68
By Inspector and Health Visitors—	
Special visits of enquiry	1,225

The following are details of Form " A's " issued by Midwive requesting attendance of medical help :—

	Mother	Child
Ante-natal—		
Referred to private practitioners	597	
Referred to Ante-natal Clinic	159	
Albuminaria	32	
Miscarriages	51	
Ante-Partum haemorrhage	45	
Unsatisfactory general condition	123	
Presentation	72	
Varicose Veins	12	
Vaginal discharge	17	
Examination for Gas and Air	38	
Labour—		
Delivery	80	
Post-partum haemorrhage	9	
Ruptured Perineum	121	
Retained Placenta	9	
Breech and footling	15	
Malformation		12
Feebleness		19

	Mother	Child
Puerperium—		
Rise in temperature	13	
Phlebitis	15	
Eyes		18
Post-natal—		
Unsatisfactory general condition ...	9	46

MIDWIVES ACTS

At the end of the year, there were 19 midwives employed under the municipal midwifery service, this being one short of the establishment approved by the Council.

Three municipal midwives were approved by the Central Midwives Board as Midwifery Teachers for the district. During the year, three pupils were received for a three months' period from the Training School attached to the Royal County Hospital, Winchester, and were successful in obtaining Part II C.M.B. Certificates.

There having been no staff changes, the problems involved in providing suitable accommodation for newly appointed midwives have not arisen. Attempts are still being made, however, to re-house some of the staff who are living in furnished apartments, as often great inconvenience is caused to the householder by the many elephone enquiries, visits of patients and irregular hours of the midwife. In spite of these difficulties, the co-operation received from the householders generally has been excellent.

Arrangements were made in September with a local hire-service rm, for taxis to be supplied as a priority for the conveyance of municipal midwives to and from their cases between the hours of 0 p.m. and 6 a.m. The expenses incurred are paid by the local uthority. This facility, which is proving most helpful, has fulfilled necessary improvement in the working conditions of the midwife.

The following are details of work carried out by domiciliary midwives :—

Number of cases—		
Maternity	127	1306,
Midwifery	1,179	
Number of times called in on Forms "A"—		
Ante-natal	291	552
Delivery	141	
Post-natal and Infants	120	

Number of Forms " B "	... ...	Nil
,, ,, " C "	... ...	18
,, ,, " D "	... ...	4
,, ,, " E "	... ...	1
,, ,, " F "	... ...	34

Number of cases of—	
Ophthalmia Neonatorum	4
Pemphigus Neonatorum	Nil
Puerperal Pyrexia	9
Stillbirths	12
Neo-natal deaths	8
Number of patients removed to hospital ...	75

ATTENDANCES OF MUNICIPAL MIDWIVES AT CLINICS

As arranged in previous years, it has been possible for th municipal midwives to be in attendance at the established ante natal clinics, and, in addition, facilities have been made availabl for them to hold special ante-natal sessions at the three Healt Centres, where routine treatment can be carried out, and advic and help given to their own cases.

The pupil midwives received by the Municipal Midwifer Teachers have also attended in order to obtain practical experienc of Clinic methods and administration.

GAS AND AIR ANALGESIA

Gas and Air Analgesia is given at the discretion of the midwi attending the case. The patient's acceptance must first be obtaine and she is then examined, either by a doctor at the Ante-nat Clinic or by her own medical practitioner. The responsibility f the collection and return of the apparatus, from and to the mi wife's residence, is required to be undertaken by the patient, as is impossible for the midwife to carry the apparatus on her bicyc For emergency use at night, however, the position is not so difficu as the midwife is conveyed to the case by taxi.

During the year, 3 additional gas and air analgesia sets apparatus were purchased and the number now in use for do ciliary confinements is 15. Courses for the training of midwi in the use of the apparatus have been held at the Borough Gene Hospital, and, at the end of the year, all except one of the munici midwives had successfully passed the course.

The number of cases receiving analgesia during the year

12, as compared with 44 cases in 1947. This big increase serves s a good indication that the nervousness with mothers concerning nalgesia is now being overcome. To assist in this respect, demontrations, showing the gas and air apparatus in use, have been iven at the Ante-natal Clinics and at the Mothercraft Classes.

ome Helps

The Home Help Scheme, providing for mothers during the ying-in period, was combined during the year with the Domestic elp Scheme catering for cases of sickness and infirmity. Details f the combined service are given under the heading " Domestic elp " in another section of this Report.

othercraft Classes

Mothercraft Classes have been held during alternate weeks hroughout the year at the Health Centre, King's Park Road (on hursdays), and at Oatlands House, Winchester Road (on Mondays).

Attendances—

The Health Centre, King's Park Road ...	317
Oatlands House, Winchester Road	157
	474

There has been a gradual increase in the attendances throughut the year, as the classes have become more widely known. A ery keen interest has been shown by the mothers, and many have xpressed their great appreciation of the knowledge to be gained t the classes.

Amongst the subjects covered during the year has been the nportant one of Gas and Air Analgesia. Demonstrations showing e apparatus in use have been given, and these have helped conderably in allaying the natural fear of analgesia which has preailed in the past.

Ante-natal, post-natal and relaxation exercises have been given gularly, from which those taking part have derived very great enefit.

ursing Home Registration Act, 1927

Quarterly inspections were made of all the registered Nursing omes, and the general conditions were found to be satisfactory.

(1)	Number of applications for registration	Nil
	Number withdrawn	2
(2)	Number of Homes registered	18
(3)	Number of orders made refusing or cancelling registration	Nil
(4)	Number of appeals against such orders	Nil
(5)	Number of cases in which such orders have been	
	(a) Confirmed on appeal	Nil
	(b) Disallowed	Nil
(6)	Number of applications for exemption from registration	Nil
(7)	Number of cases of exemption	
	(a) Granted	Nil
	(b) Withdrawn	Nil
	(c) Refused	Nil

STILLBIRTHS

During the year, there were 96 stillbirths.

OPHTHALMIA NEONATORUM

Six Ophthalmia Neonatorum cases were notified during the year and vision was unimpaired in all cases.

WELFARE CENTRES

The number of municipal Welfare Centres was increased during the year to six, the only remaining voluntary Welfare, situated at St. Denys Church Hall, being taken over by the local authority on the 6th April. This Welfare, previously organised by the Southampton Babies Welfare Workers' Committee, has rendered excellent service to the public.

Another important change concerned the transfer in February of the existing Centre at Itchen Secondary School to new prefabricated premises erected on the site of the old Sydney House Clinic. These premises, being much larger and better equipped, have greatly increased the Welfare facilities available in the area.

Mothers may take their children of under school-age to the Welfare Centres for medical examination, immunisation against diphtheria and periodic weighing, and are given advice on infant care. Facilities are available for the purchase of Dried Milk, Cod-liver Oil and Malt, and other nutriment preparations.

The total attendances at the Centres, 71,551, shows an increase of 22,155 over the total for 1947, which was 49,396. This, in itself, would appear to indicate that the public realise the value of the help and advice given at the Child Welfare Centres.

Attendances at Welfare Centres :—

	Mothers	Children	Total
King's Park Road ...	11,259	12,125	23,384
Sydney House	7,956	8,048	16,004
Oatlands House	5,871	6,037	11,908
Bitterne Park	4,793	4,956	9,749
St. Albans	2,832	3,193	6,025
St. Denys	2,082	2,399	4,481
	34,793	36,758	71,551

	Number of Weighings	Consultations with Doctor re children
King's Park Road ...	11,535	2,936
Sydney House	7,923	3,195
Oatlands House	6,031	2,690
Bitterne Park	4,818	1,890
St. Albans	2,374	736
St. Denys	2,331	1,100
	35,012	12,547

PREMATURE INFANTS

All infants weighing up to 5½ lb. at birth are included under this heading. Where the home conditions are suitable, and the parents are capable of caring for the child, the premature baby remains at home. Special equipment is supplied by the Department, and the midwife continues to attend until the feeding is fully established, the infant gaining in weight, and the mother considered able to care for the child herself.

In cases where the home conditions are unsuitable, the child is immediately taken to hospital by ambulance in a special cot, a trained midwife being in attendance. On subsequent discharge, the case is kept under regular supervision by a Health Visitor.

The following are details of premature babies notified during the year :—

(1) At Home	61
(2) In Hospital	77
Number of those born at Home—	
(a) Who were nursed entirely at Home	42
(b) Who died during the first 24 hours	8
(c) Who survived at the end of one month	40
Number of those born in Hospital—	
(a) Who died during first 24 hours ...	19
(b) Who survived at end of one month	57

GYNAECOLOGICAL, POST-NATAL AND ANTE-NATAL CLINICS

Two Gynaecological Clinics, three Ante-natal Clinics and two Post-natal Clinics have been in operation throughout the year These have been held at the Health Centres at King's Park Road and Sydney House (removed from Itchen Secondary School in February), and at the Maternity Unit, attached to the Borough General Hospital. Trained and Pupil Midwives attend the Ante-natal Sessions.

The following is a summary of attendances :—

KING'S PARK ROAD

Ante-natal—		
New	1,162	
Old	9,793	
		10,95
Post-natal—		
New	280	
Old	327	
		60
Gynaecological—		
New	593	
Old	2,381	
		2,97

SYDNEY HOUSE

Ante-natal—		
New	505	
Old	3,477	
		3,9
Post-natal—		
New	26	
Old	10	
Gynaecological—		
New	79	
Old	131	
		2

ATERNITY UNIT

Ante-natal—

New	302	
Old	2,468	
		2,770

EALTH VISITING IN THE HOMES

With only seven Health Visitors available throughout the eater part of the year for duties in connection with home visita-on, it has again been impossible to fully maintain the service to ver every branch of Public Health work, including tuberculosis, hool health, maternity and child welfare, and cleanliness of all hool children. Regular attendances have been made at the fant Welfare Centres and the branch School Clinics, however, d, in addition, the Health Visitors have concentrated on visiting e homes of the more urgent cases.

The Student Health Visitors' Training Scheme, which was augurated in 1947, resulted in one new appointment to the staff ing made during the year, but this was offset by the death of one the established staff. It is hoped that several more appointments ll be made during the coming year, and, eventually, to complete e full establishment of seventeen, which allows for at least one ealth Visitor in each of the visiting areas into which the Borough divided.

The following are details of visits made by Health Visitors ring the year :—

Expectant Mothers	260
First visits to infants under 1 year of age ...	2,324
Re-visits to infants under 1 year of age ...	3,655
Re-visits to children over 1 year of age and under school age	8,529

PERVISION OF FOSTER CHILDREN UNDER THE INFANT LIFE PROTECTION ACTS

This important work was transferred on the 5th July, 1948, the Children's Officer. Health Visitors have continued to make utine visits to Foster Children of under school age, however, as rt of their normal duties.

AY NURSERIES

The four Day Nurseries, having a total accommodation for 5 children, provide for the care of young children under school ge while their mothers are engaged in industry.

Each Nursery is staffed by a matron, who is a State Registered Nurse, or a State Registered Children's Nurse, together with Nursery Assistants in the proportion of one nurse to approximately five children. Several changes in the staff have occurred during the year, but there has been no difficulty in obtaining suitable persons for this type of work.

The following are details of the attendances at the Day Nurseries :—

	Northlands	Tremona Road	Freemantle Common	Swaythling
Number of places ...	50	50	25	30
Average daily number on Register ...	47.58	44.04	33.83	35.38
Average Daily Attendance ...	35.88	27.40	24.40	26.55
Total attendances for the year	9,802	7,305	6,720	7,024

It will be seen that the average daily numbers on the registers at the Freemantle Common and Swaythling Day Nurseries exceeded the accommodation establishments ; in addition, there were waiting lists for these nurseries at the end of the year, and, from these facts, it would appear that additional accommodation is needed in these areas.

Outbreaks of Measles, Whooping Cough and Mumps lowered considerably the attendances during the months of November and December, but, in spite of this, the total attendances for all nurseries showed an increase of 10.921 over the total for 1947.

A routine medical inspection of all children attending the Nurseries is carried out every two months. Full examinations are made by an Assistant Medical Officer of Health, and those children requiring attention are referred to either the specialist Clinics or their own doctors.

Much stress is laid on the importance of immunisation against diphtheria, and many parents consent to this being carried out soon after their child's admission.

In order to minimise the spread of infectious diseases, a careful watch is kept on all the children, and precautionary measures taken as soon as the first symptoms appear. When such a case occurs the admission of new entrants is suspended until the appropriate incubation period has elapsed.

HOME NURSING SERVICE

The Service, which was previously operated by the Southamp- Nursing Association, was taken over and administered by the cal Health Authority on the 5th July. The nursing staff at the t December comprised a Superintendent Nursing Officer, an sistant Superintendent, 18 full-time and 3 part-time District rses.

The following Table gives particulars of the number of cases lt with, together with the conditions from which the patients re suffering during the year under review :—

eumonia	31
oncho-pneumonia	6
berculosis	17
luenza	4
sipelas	3
cken-pox	1
er conditions medical and surgical (not included above)	1,337
dwifery—	
carriages	10
eatened miscarriages	5
ast abscess	16
nplications of pregnancy	4
erperal pyrexia	10
sipelas	1
wifery complications	3
wife suspended	2
ldren under 5 years—	
tro enteritis	1
ers, medical and surgical, not including pneumonia	106
Total Cases	1,557
al visits to patients	56,067

VACCINATION
AND
IMMUNISATION

VACCINATION

At the present time 78 medical practitioners have agreed to ke part in the Local Health Authority's arrangements, and during e period 5th July–31st December a total of 645 vaccinations were rried out. The following Table gives detailed information on the bject and has been prepared on similar lines to the official return quired by the Ministry of Health.

Number of Persons Vaccinated (or re-vaccinated) during Period

at 31st Dec., 1948 *i.e.* born in year	Under 1 1948	1–4 1944 to 1947	5–14 1934 to 1943	15 or over Before 1934	Total
nber Vaccinated	395	49	17	46	507
nber Re-vaccinated	15	7	8	108	138

umber of Cases Specially Reported during Period (age groups as above)

Generalised Vaccinia	1	—	—	—	1
Post-vaccinal Encephalomyelitis	—	—	—	—	—
Death from complications of vaccination other (a) and (b)	—	—	—	—	—

DIPHTHERIA

The number of notifications of diphtheria received during the r was 11, compared with 13 in 1947.

IMMUNISATION AGAINST DIPHTHERIA

During the year, 3,015 children received complete treatment as compared with 2,026 in the previous year.

A campaign was organised during the latter part of the year to stimulate the interest of parents in accepting immunisation for their children, and advantage was taken of Press advertisements and poster publicity. Propaganda leaflets were distributed by the Health Visitors and at Maternity and Child Welfare Centres and School Clinics. In addition, special slides were shown at variou cinemas in the town.

It is always difficult to estimate the actual number of acceptances resulting from these campaigns, but there is little doubt tha such efforts do bear fruit, and serve to illustrate the great importance of diphtheria immunisation to the general public.

TABLE "A"

The following Table gives details of the treatment undertake during the year :—

Number of new cases	3,09
Number of Protective Injections—	
Toxoid Antitoxin Floccules, First Injection	
,, ,, ,, Second Injection	
,, ,, ,, Third Injection	
,, ,, ,, Additional Injection ...	1
Alum Precipitated Toxoid, First Injection	3,0
,, ,, ,, Second Injection	2,9
,, ,, ,, Additional Injection ...	1,5
Purified Toxoid Alum Precipitated, First Injection ...	
,, ,, ,, ,, Second Injection ...	
,, ,, ,, ,, Additional Injection	
	7,9
Number of Primary Schick Tests	
Number of Post Schick Tests	

TABLE "B"

IMMUNISATION IN RELATION TO CHILD POPULATION

Number of children who had completed a full course of immunisation at any time up to 31st December, 1948.

Age at 31.12.48	Under 1	1	2	3	4	5-9	10-14	Total
Born in year	1948	1947	1946	1945	1944	1939-1943	1934-1938	Under 15
Number Immunised	55	1615	1718	1601	1860	7919	9088	23856
Estimated mid-year child population, under 15 years, 1948	17,303					23,845		41,148

DIPHTHERIA NOTIFICATION AND DEATHS IN RELATION TO IMMUNISATION

Notifications.			Deaths.		
Age at Date of Notifications.	Number of Cases Notified.	Number of Cases included in preceding column in which the child has completed a full course of immunisation.	Age at date of Death.	Number of Deaths.	Number of Cases included in preceding column in which the child has completed a full course of Immunisation.
Under 1	—	—	Under 1	nil	nil
1	—	—	1	nil	nil
2	—	—	2	nil	nil
3	—	—	3	nil	nil
4	—	—	4	nil	nil
5 to 9	1*	—	5 to 9	nil	nil
10 to 14	—	—	10 to 14	nil	nil
Totals	1	—	Totals	nil	nil

AMBULANCE SERVICE

The Ambulance Service operates from premises adjoining West uay Disinfecting Station, Western Esplanade, and is staffed by Supervisor, a Fitter who undertakes minor repairs and general aintenance work, and fourteen Ambulance Drivers and fourteen mbulance Attendants. A 24-hour service is in operation and the ta of duty arranged so that the busy day-periods are manned to ll capacity.

Accommodation is provided in the depot for the use of the rsonnel, and comprises office, rest room, kitchen, storeroom and nveniences, with facilities for washing and for the preparation d cooking of meals.

A new garage with accommodation for eight vehicles, was ected during the year

The present fleet consists of seven vehicles, five of which have en in constant use for many years, and two were newly acquired ring the year. The difficulties which were pointed out in my eport for 1947 are still prevalent in regard to the older ambulances, d continuous repair work is necessary in order to maintain these hicles in a roadworthy condition.

A Table showing the work carried out by the Ambulance rvice is given on the following page.

The following table shows the ambulance cases each month :—

YEAR 1948	Borough Hospital	Free Eye Hospital	Isolation Hospital	Children's Hospital	Royal South Hants Hospital Ordinary Removals	Accidents	Calls answered, services not required	Social Welfare	Annex/Romsey, Tatchbury Mount, Home of Recovery, Cold East Colony	Private addresses and Nursing Homes	Total number of calls ordinary cases	Total mileage ordinary cases	Total calls E.M.S.	Total mileage E.M.S.	Total calls, E.M.S. and ordinary cases	Total mileage E.M.S. and ordinary cases
January ...	167	1	74	23	161	99	22	44	2	11	604	7072	1	6	605	7078
February ...	184	—	41	26	123	112	12	31	—	9	538	6189	16	150	554	6339
March ...	166	1	52	13	153	124	15	30	15	10	579	5493	16	262	535	5755
April ...	173	—	50	12	120	139	18	36	7	3	558	5963	28	486	586	6449
May ...	174	—	58	10	112	98	17	34	2	16	521	5639	11	307	532	5946
June ...	153	1	57	14	123	122	18	36	—	12	536	5967	2	9	538	5976
July ...	236	2	91	12	229	135	18	31	2	26	782	9099	—	—	—	9099
August ...	148	—	66	12	91	132	14	15	—	13	491	6211	—	—	—	6211
September	187	1	47	16	179	132	19	17	2	23	623	6605	—	—	—	6605
October ...	144	1	66	14	204	127	38	33	1	16	644	8200	—	—	—	8200
November...	187	2	53	22	251	109	33	45	—	34	736	9604	—	—	—	9604
December ...	176	1	108	22	276	121	51	26	—	28	809	10103	—	—	—	10103
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	74	1220	3350	87365

HOSPITAL CAR SERVICE

This Service provides transport facilities upon medical recom-nendation for non-infectious patients travelling to and from ospital who are unable to use the normal means of public trans-ort, but who are not sufficiently ill to require transportation by mbulance.

The majority of the journeys undertaken are within the limits f the Borough, but occasionally patients are transported to pecialist hospitals or clinics outside Southampton.

The Service comes under the administration of the Medical fficer of Health, the detailed arrangements and the keeping of the tatistical records being undertaken by the Area Transport Officer.

During the year under review, 3,647 patients were provided ith transport, and a total of 60,570 miles was covered.

DOMESTIC HELP SCHEME

The Domestic Help and Home Help Schemes, which, hitherto, ad been operating as separate services, were united during the ear under one Supervisor, who is responsible for maintaining a gister of helpers and for receiving applications for help.

Help is provided for cases coming within the under-mentioned ategories :—

(*a*) Housewives falling sick.
(*b*) Several members of a family falling ill at the same time.
(*c*) Blind, aged and infirm persons.
(*d*) Maternity—during the lying-in period of the mother.

The workers engaged on cases of sickness or infirmity are nployed on a regular basis for either full-time or part-time duties, ut, owing to the uncertain nature of the maternity cases, it is found nvenient to maintain a separate pool of helpers to be available r this work as and when required.

The assessment of the charge payable for help supplied is based n the scale recommended by the Association of Municipal Corpora-ons, and is determined according to the financial circumstances f the applicant after making standard allowances for husband nd/or wife, each dependant child, rent and rates, and National nsurance contributions.

Details of the number of cases who were supplied with help uring the year, and of the number of workers employed at the

31st December, together with comparative figures for the year 1946 and 1947 are given below :—

	1948	1947	1946
Cases supplied with help during the year—			
Sick and Infirm (Categories *a*, *b*, *c* ...	276	184	142
Maternity (Category *d*)	84	25	6
Total	360	209	148
Workers employed 31st December—			
For cases under Categories *a*, *b*, *c* (Full-time)	10	10	10
For cases under Categories *a*, *b*, *c* (Part-time)	12	15	9
For cases under Category *d* (Pool)	15	7	2
Total	37	32	21

MENTAL HEALTH SERVICES

MENTAL HEALTH SERVICES

There were many changes in the administration of the Mental ealth Services during 1948. The National Health Service Act, 946, transferred to the Minister of Health on the 5th July, 1948, ll the hospital accommodation previously administered by the oint Mental Health Institutions Committee which represented ampshire, Bournemouth and Southampton. At the same time, e Social Welfare Committee ceased to have any responsibility for e care of mentally deranged persons. The wards for sick and entally-ill persons at Moorgreen Hospital were transferred to the inister.

The Services provided prior to the appointed day — 5th July – were described in the Annual Report for 1947.

Section 51 of the National Health Service Act, 1946, placed pon the Council certain duties under the Lunacy and Mental reatment Acts, 1890 to 1930, and the Mental Deficiency Acts, 913 to 1938. The proposals submitted to the Minister for carrying ut these duties, as the Local Health Authority, were included in e Report of the Medical Officer of Health for 1947, and the Council ecame responsible for the execution of these duties on 5th July, 948. All matters relating to the discharge of the functions of the uthority are referred to the Health Committee, which appointed Mental Health Sub-Committee to administer the Mental Health ervice. The Mental Deficiency Acts Committee ceased to exist on e appointed day.

The duties of the Authority are briefly as follows :—

(1) *Mental Treatment.* The appointment of duly authorised fficers to take initial proceedings in providing care and treatment r persons suffering from mental illness.

(2) *Mental Deficiency.* The ascertainment of defective persons the area ; the provision of suitable supervision, training and cupation for defectives not in institutions ; the taking of steps secure institutional care or guardianship where necessary.

The Authority may also make arrangements for the care and ter-care of persons suffering from mental illness or defectiveness.

) ADMINISTRATION

(a) *Mental Health Sub-Committee.* This Sub-Committee of e Health Committee has 16 members, of whom 5 are co-opted embers. Meetings are held monthly.

(b) *Staff.* The Medical Officer of Health is responsible for the edical direction and control of the Service. He is assisted by his eputy.

Social work is carried out by three officers who, prior to

5th July, 1948, were employed by the Southampton Mental Welfare Association as investigation officers. These three ladies, the senior of whom has a University degree in arts and has attended a course of instruction in mental health work, are now employed full-time by the Council. They deal chiefly with work under the Mental Deficiency Acts, but also visit mentally-ill patients when required

The staff of the Occupation Centre consists of a supervisor teacher and cook.

Four duly authorised officers are employed part-time, devoting approximately half their time to work under the Lunacy Acts, and the remainder of their time to district welfare work for the Socia Welfare Committee. These authorised officers have had considerable experience of work under the Lunacy Acts.

(c) *Co-ordination.* The medical officers of the hospitals fo mentally defective and mentally deranged persons have acted in a consultative capacity when necessary. For this purpose case have been referred to the out-patient clinics established at th hospitals for mental defectives, and to the out-patient clini established in the Local Health Authority's clinic at King's Par Road and staffed by medical officers from Knowle Hospital.

At the request of the Coldeast Hospital Management Committee, mentally defective patients on licence in Southampton from th institutions controlled by that Committee have been supervised b officers of the Local Health Authority. The reports and medica certificates required when such patients were seen by the Visitor have also been provided by the staff of the Department.

Discussions took place between the Medical Officer of Healt and the Medical Superintendent of Knowle Hospital on the supervision in Southampton of patients on trial or discharged from tha Hospital. It was decided that patients on trial, or out-patien attending the Hospital should be supervised by the Social Work of the Hospital, who already knew the patients. It was though that the number of mentally deranged persons requiring supervisio in their homes by officers of the local authority would be very smal This has been confirmed by experience.

The Psychiatrist employed in the Child Guidance Clinic h been consulted in many cases where children required investigatio and treatment.

(d) *Duties delegated to Voluntary Associations.* No duties ha been delegated to voluntary associations.

(e) *Training of Mental Health Workers.* No arrangements ha been initiated for the training of Mental Health Workers.

(2) ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY

(a) *Under Section 28, National Health Service Act,* 1946 ; *Prevention, care and after-care.*

On the 22nd June, 1948, the out-patient clinic staffed by Knowle Hospital was re-opened in King's Park Road Clinic. This clinic was held weekly up to 1939 in East Park Terrace. During the war, any mentally-ill patients who needed advice had o attend at the Hospital, which is reached by public transport rom Southampton only with difficulty.

This clinic provides investigation and advice for mentally-ill atients at an early stage of their illness, and may be looked upon s largely preventive in character. It is staffed by two doctors and psychiatric social worker from the Hospital, and is open one day ach week. Persons requiring advice about themselves or their elatives may consult the social worker, and private practitioners ay refer patients for consultation.

The average weekly attendance at this psychiatric clinic has een 24.

Home Visiting. A few ex-servicemen, referred to the Department by Service hospitals, have been visited by the social worker. Where necessary, such cases have been advised to attend the outatient clinic, or action has been taken under the Mental Deficiency cts.

(b) *Under the Lunacy and Mental Treatment Acts,* 1890–1930, *by duly authorised officers.*

Each officer is primarily responsible for a particular area of e town, but arrangements are made for certain officers to be on ll at week-ends and holiday periods. Calls for duly authorised fficers come from doctors, police and relatives of mentally-ill perns, and are dealt with during office hours at the Civic Centre. utside office hours, calls are dealt with at the Ambulance Station, here a rota is kept of duly authorised officers on duty.

After the appointed day, the duly authorised officers made rangements for the admission to hospital of 122 patients as der :—

Admitted to Moorgreen Hospital under Section 20 of the Lunacy Acts	106
Admitted to Knowle Hospital as Voluntary Patients ...	16

Included in these totals are 25 patients who have arrived in e port from overseas, some on liners, others on hospital ships, Where no relative was available to take over the responsibility of caring for the patient, or where the patient was too ill for such disposal, admission to hospital was arranged. As a result of these patients arriving, great pressure was placed upon the observation wards at Moorgreen Hospital, and the duly authorised officers frequently had great difficulty in obtaining vacancies.

(c) *Under Mental Deficiency Acts*, 1913–38.

(i) *Ascertainment.* Sixty-one new cases were ascertained during the year 1948, of which 28 were "subject to be dealt with." The number of defectives awaiting admission to institutions was 24 at the end of the year.

(ii) *Guardianship and Supervision.* Four patients were under the Guardianship of the Brighton Guardianship Society. One patient was under guardianship in Southampton. No other persons willing to act as guardians have been found in Southampton.

Supervision of defectives in the community was carried out by officers of the Southampton Mental Welfare Association until the appointed day, when the Association ceased to exist and its officers were taken over by the Corporation. During the year, 198 defectives were under statutory supervision and 146 under voluntary supervision.

(iii) *Training.* This has been provided in the Occupation Centre in Cranbury Terrace, which was taken over from the Mental Welfare Association on the appointed day. Thirty places are available, and were fully occupied during the year. Of these, 4 were filled by County Council patients who live near Southampton. The ages o patients attending ranged from 8 to 59 years.

There was, throughout the year, a waiting list of patients fo the Centre. Plans were made for increasing the accommodatio and staff to enable an additional 10 places to be provided.

(3) AMBULANCE SERVICES

The ambulances provided by the Council were available for any defectives requiring such transport.

(4) GENERAL

(a) *Petitions.* During the year, Petitions were presented to th Justices' and Orders under the Acts obtained in respect of twelv patients. In addition, an Order was obtained by the Hampshir Authority in respect of one case on behalf of this Local Authorit and the patient was admitted to Coldeast Hospital.

Ten patients were classified as feeble-minded, and three as beciles. These were dealt with as under :—

Admitted to institutions—	
Coldeast Hospital	3 males 5 females
Tatchbury Mount Hospital ...	3 males
Royal Earlswood Institution ...	1 male 1 female

(b) *Discharges from Orders.* The Board of Control authorised e discharge from Orders under the Mental Deficiency Acts of six tients, three males and three females.

(c) *Transfers and Deaths.* During the year, two male patients re transferred from Tatchbury Mount Hospital—one to Coldeast spital and one to Rampton State Institution. One female tient at Coldeast Hospital was certified under the Lunacy Acts d admitted to Park Prewett Hospital. Two male patients were nsferred from Besford Court Institution—one to Tichborne Down use, and one to Coldeast Hospital. One female patient was charged from Rampton State Institution and admitted to deast Hospital.

One male patient under community care removed from the a during the year.

The deaths of eight patients occurred during 1948 : four ales and one male at Coldeast Hospital ; one male at Tatchy Mount Hospital ; one male at The Mount Sanatorium ; and female patient died while under community care.

STATISTICAL SUMMARY

) *Number of Mental Defectives* :—	M.	F.	T.
(a) Under Guardianship (under Order)			
(under 16 years of age ...	—	—	—
(aged 16 years and over)	3	1	4
(b) In " places of safety "	—	2	2
(c) Under Statutory Supervision (excluding cases on licence			
(under 16 years)	24	21	45
(16 years and over) ...	77	76	153
(d) Action not yet taken under any one of the above headings	1	1	2
Number of cases included in (a) to (d) above awaiting removal to an Institution	2	—	2

	M.	F.	T.
(ii) Number of Mental Defectives not at present " Subject to be dealt with," but for whom the Local Health Authority may subsequently become liable ...	72	74	146
Of whom, number under Voluntary Supervision			
(under 16 years of age) ...	23	27	50
(aged 16 years and over)	49	47	96

(iii) *Number of Mental Defectives Receiving Training* :—

	M.	F.	T
(a) In day-training centres			
(under 16 years of age) ...	11	4	1
(aged 16 years and over)	8	8	1
(b) At home	—	—	–
Total ...	19	12	3

(iv) *Particulars of Mental Defectives ascertained during the year* :-

(a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944)—			
Under Section 57 (3)	10	7	1
Under Section 57 (5)	1	—	
(b) Other cases reported during 1948 and ascertained to be " subject to be dealt with "	5	5	
Total cases ascertained to be " subject to be dealt with " during the year	16	12	
(c) Other cases reported during 1948 who are not at present " subject to be dealt with " but for whom the Local Health Authority may subsequently become liable	19	14	
TOTAL NUMBER OF CASES REPORTED DURING THE YEAR	35	26	

(v) *Disposal of cases reported during the year* :—

	M.	F.	T.
(a) *Cases ascertained to be " subject to be dealt with "*—			
(i) Admitted to institutions (by Order)	4	4	8
(ii) Placed under Guardianship (by Order)	—	—	—
(iii) Taken to " places of safety " ...	—	2	2
(iv) Placed under Statutory Supervision	11	5	16
(v) Died or removed from area ...	—	—	—
(vi) Action not yet taken	1	1	2
(b) *Cases not at present " subject to be dealt with "*—			
(i) Placed under Voluntary Supervision	19	14	33
(ii) Found not to be defective ...	—	—	—
(iii) Died or removed from area ...	—	—	—
(iv) Action not yet taken	—	—	—
Total ...	35	26	61

(vi) *Number of Mental Defectives under community care including, voluntary supervision or in " places of safety," on* 1st *January,* 1948, *who have ceased to be under community care or in " places of safety " during* 1948 :—

	M.	F.	T.
(a) Admitted to institutions	7	4	11
(b) Ceased to be under care	27	15	42
(c) Died or removed from area	2	1	3
Total ...	36	20	56

(vii) *Of the total number of Mental Defectives known to the Local Health Authority* :—

(a) Number who have given birth to children during 1948—

(i) After marriage	1	—
(ii) While unmarried	2	—

	M.	F.
(b) Number who have married during 1948	1	—

MISCELLANEOUS

SOUTHAMPTON CREMATORIUM

DISPENSARY

ORTHOPAEDIC CLINIC

LOCAL GOVERNMENT SUPERANNUATION ACT 1937 (Medical Examinations)

SOUTHAMPTON CREMATORIUM

Cremations carried out at the Southampton Crematorium uring the year ended 31st December, 1948, totalled 894, this eing the highest annual figure and an increase of 34 over the evious year, in spite of a considerable drop in the number of eaths.

Two hundred and thirty of those cremated died in Southamp- n, representing 25.7 per cent. of the total cremations carried out.

Scattering of ashes in the Garden of Rest was again the usual ethod of disposal, this course being followed in 661 cases, equal nearly 74 per cent. of the whole. Ashes taken away by relatives r disposal elsewhere numbered 211 ; 14 were buried in the uthampton Cemeteries; 6 deposited in niches in the Columbarium, d 2 left in temporary deposit.

From its inception in July, 1932, until the end of 1948, crema- ons carried out at Southampton Crematorium numbered 7,733.

In spite of the fact that no building operations on new Crema- ria have been started since the embargo on constructional work s introduced, the annual figures for cremations have grown from ,312 in 1938 to 64,290 in 1948, the percentage of cremations in lation to total deaths in Great Britain having increased in the me period from 3.01 per cent. to 12.12 per cent., as shown by the lowing Table :—

Cremations in Relation to Deaths

Year	Deaths	Cremations	Per Cent
1938	541,949	16,312	3.01
1939	564,315	19,813	3.51
1940	654,312	25,199	3.84
1941	607,738	26,221	4.31
1942	545,100	28,518	5.23
1943	568,145	34,259	6.03
1944	556,779	39,016	7.00
1945	550,763	42,963	7.80
1946	556,695	50,160	8.90
1947	583,813	61,160	10.47
1948	531,247	64,290	12.12

DISPENSARY

For many years, a central Dispensary has been provided to serve the Clinic Health Services and where all prescriptions can be dispensed and sent to the various Clinics throughout the town for distribution to the patients. There is a qualified Dispenser in charge and, in addition to the dispensing of prescriptions and the mixing and checking of stores of medicines, a comprehensive stock of medical requisites is retained for clinic use.

During the year, the following work was carried out :—

NUMBER OF PRESCRIPTIONS

Maternity and Child Welfare ...	12,168
School Medical	6,683
*Tuberculosis	3,071
*Venereal Diseases	213
Orthopaedic	25
Psychological	30
	22,190

* Service transferred on 5th July, 1948.

ORTHOPAEDIC CLINIC

The Orthopaedic Clinic is held on the mornings of Wednesda and Saturday of each week, the first and third Wednesdays of eac month being reserved for cases suffering from major defects whe the clinic is conducted by a surgeon from Lord Mayor Treloa Orthopaedic Hospital, Alton. The remaining sessions are carrie out under the supervision of an Assistant Medical Officer of Healt

A total of 3,089 attendances were made at the clinic during 194

The following Table gives details of the defects treated durin the year :—

CONGENITAL—

igger Finger	2
ndactyly	1
lipes	2
rticollis	22
ine	1
ine Bifida	5
islocation of Hip	10
ort Leg	26
eft Lip and Palate	1
emiatrophy	1
lcaneo Valgus	3
ostosis	1
lcus	4
lateral Pes Valgus	3
xa Vara	1
hondroplasia	1
tatarsus Varus	7
slocation of Patella	1
evation of Scapula	1
lipes Equino Varus	37
her Forms	13

TRAUMATIC—

d Fracture	3
rains	10
arring	1
her Forms	27

OTHERS—

geon Chest	4
pholordosis	4
phosis	46
phoscoliosis	1
liosis	134
rdosis	11
r Posture	688
Planus	878
Equino Cavus	7
Equinus	2
Cavus	44
Valgus	396
Varus	11
llux Rigidus	2
llux Valgus	91
tatarsus Varus	21
Equino Varus	2
o Varus	1
w Toes	50
mmer Toes	75
minent Sacrum	2
ht Pectorals	40
ht Tendo Achilles	11
er Foot Deformities	109
er Forms	160

RICKETS—

Genu Valgum	1078
Genu Varum	47
Mild Rickets	13
Other Forms	2

INFLAMMATIONS—

Arthritis	11
Osteomyelitis	4
Osteochondritis	1
Spondylitis	1
Osteochondritis Dessicans	1
Synovitis	3

PARALYSIS—

Congenital Spastic Paralysis	1
Bell's Palsy	1
Poliomyelitis	33
Spastic Diplegia	2
Spastic Hemiplegia	3
Spastic Paraplegia	5
Spastic Monoplegia	3
Mild Spastic Paresis	3
Spastic T.A.	1
Flaccid Paresis	1
Athetoid Quadriplegia	1

TUBERCULOSIS—

Spine	5
Hip	8
Upper Limb	1
Lower Limb	23
Cervical Adenitis	6
Palmar Ganglion	1
Other Forms	3

VARIOUS OTHER CONDITIONS—

Ataxia	1
Baker's Cyst	1
Brodie's Abscess	1
Fibroma	1
Ganglion	3
Perthe's Disease	1
Still's Disease	1
Bursa	8
Schlatter's Disease	1
Prominent Os Calcis	2
Calcaneo Scaphoid	1
	4,257

ANALYSIS OF ATTENDANCES AT THE ORTHOPAEDIC CLINIC, 1948

Classification	Under School Age		School Age		Over School Age		Total	
	New	Old	New	Old	New	Old	New	Old
Tuberculosis—								
Spine	—	—	4	1	1	1	5	2
Hips	—	—	6	9	1	—	7	9
Other Joints	1	—	17	21	3	3	21	24
Other Crippling Diseases—								
Feet and others ...	227	170	1273	504	—	—	1500	674
Spine	11	12	557	242	1	2	569	256
Rickets	8	2	4	—	—	—	12	2
Total	247	184	1861	777	6	6	2114	967
Cases from County	—	—	—	—	—	—	8	—
						Total	2122	967

LOCAL GOVERNMENT SUPERANNUATION ACT, 1937

Medical Examinations

Medical examinations for superannuation purposes are under-aken by the Department at the request of other Corporation epartments. During the year, 363 such examinations, together vith 15 special examinations, have been arranged. A Table giving urther details is given below :—

Department	Males	Females
Borough Architect's	21	9
Borough Analyst's	—	1
Education	8	32
Electricity	5	3
Borough Engineer's	44	2
Entertainment and Publicity ...	—	2
Fire	35	4
Health	25	34
Housing	—	5
Library	2	8
Museum	—	1
Police	2	1
Probation	1	—
Social Welfare	5	1
Superintendent, Civic Centre ...	1	—
Town Clerk's	1	2
Transport	61	1
Borough Treasurer's	12	9
Waterworks Engineer's	25	—
Total ...	248	115

Occasionally examinations are carried out at the request of her Local Authorities, and during 1948 two such examinations ere undertaken.

TUBERCULOSIS

TUBERCULOSIS

The work in this Department was carried on during the year similarly to 1947. Attendances were higher and the number of new patients continued to increase.

The new clinics at King's Park Road and Sydney House were ound to be superior to Mount Pleasant School and Itchen Secondary School respectively.

On the 5th July the Department was nationalised. Although no major changes were made during the remaining months of the year, plans were discussed for its improvement in the near future.

The appointment of an Assistant Chest Physician was advocated, as also that of a qualified Almoner. Extra sessions were discussed and will be brought into operation when the permanent taff is adequate. It is hoped, furthermore, that a Thoracic Unit will be established in Southampton in 1949, thus providing facilities or the treatment of tuberculosis in Southampton comparable to hat in the large cities. It is further suggested that a Mass Radiography Unit will be permanently based in Southampton, and its Director will carry out some of the duties of the Chest Clinic.

MORTALITY

The following are details of mortality during the year :—

Pulmonary deaths	100
Non-pulmonary deaths	14
Estimated population for 1948	178,800
Pulmonary death rate per 100,000 population ...	55.9
Non-pulmonary death rate per 100,000 population	7.8

NOTIFICATIONS

Tuberculosis is a notifiable disease whether in the infectious or non-infectious stage. It is a wrong policy to delay notification until tubercle bacilli appear in the sputum. Special attention is given to notified patients. Their houses are visited by a Health Visitor, who reports on their condition and ascertains the contacts herein. A notified case is allowed priority food if there is the slightest activity of disease. There are many advantages in notification, because it enables the Chest Physician to ensure attendance at the dispensary. A notified pulmonary case cannot be discharged as cured under five years. Tuberculosis may appear in any part of the body, and for statistical purposes is classified as pulmonary and non-pulmonary. Notifications may be primary, as when a medical practitioner informs the Health Department on the appropriate form, or they may be received indirectly by information received posthumously, or by the transfer of a patient to th Borough.

The summary of notifications received during the year is a follows :—

Pulmonary notifications—	
Primary	242
By transfer	35
Posthumously	5
Non-pulmonary notifications—	
Primary	23
By transfer	2
Posthumously	2

DISPENSARY REGISTER

On Register 1/1/48—			
Pulmonary ...	1,701	Non-pulmonary ...	14
On Register 31/12/48—			
Pulmonary ...	1,803	Non-pulmonary ...	15

THE CHEST CLINICS

There are two clinics, the main one being situated at the Healt Centre, King's Park Road, and a subsidiary one at the Healt Centre, Sydney House, Pear Tree Avenue, Itchen.

Work in the clinics consisted of :—

(*a*) The examination of new patients.
(*b*) The examination of contacts.
(*c*) The observation of suspects.
(*d*) The supervision and treatment of notified patients.
(*e*) Clerical work.

THE EXAMINATION OF NEW PATIENTS

New patients were those referred to the Department for th first time. They lived within the County Borough, and were se by medical practitioners. A few attended on the recommendatio of Health Visitors. A very few attended without prior consulta tion with their doctors, because they felt they may suffer fro tuberculosis. This latter practice was not encouraged. Th Ministry of Labour referred men to the Department, who stated o their medical examination for National Service that they ha suffered from chest disease in the past. These people were n necessarily local ones, and may have come from outlying town People were also examined for an assessment of their ability dertake certain work, especially in connection with the training ieme of the Ministry of Labour.

All new patients were systematically examined. An appoint-nt for an X-ray made, and the sputum examined where possible; netimes a blood-test was made. The patient was asked to attend veek later for the result of these investigations, and at this inter-w the nature of any illness was discussed and treatment arranged ordingly.

E Examination of Contacts

The examination of contacts was of extreme importance, for vas by this means that unsuspected active, old or very recent erculosis might be found. Contact examination was not limited he patient's immediate family, but included others living in the ie house. This sometimes caused temporary embarrassment il it was pointed out that tuberculosis was largely environmental not hereditary in origin. It was gratifying to note the change outlook over the last decade. Formerly, contacts were often ctant to be examined, but an increasing knowledge of health ters by the laity had reduced the reserve and secrecy that one nerly found in tuberculosis work.

Observation of Suspects

It was only in the minority of sick people sent to the Dispensary a definite diagnosis of tuberculosis could be made on the initial nination. In others, where symptoms and signs pointed to a rculous infection, a period of observation was suggested. It generally possible to arrive at a definite diagnosis within a few ks.

Supervision and Treatment of Notified Patients

Many notified persons had quiescent or arrested disease. By lar supervision, the Chest Physician was able to ascertain the ress of such disease. Notified children and non-insured persons supplied with appropriate medicine from the Department. kly gold injections were given to those who commenced a course e sanatorium. Periodic X-ray and sputum examinations were iged. Out-patients on pneumothorax or pneumoperitoneum ment received their refills at the sanatorium. Accordingly, attendances were not recorded in the summary of work at the t Clinic.

ical Work

This work consisted of the maintenance of records of notifica- and deaths, register cards, Health Visitors weekly visits and quarterly returns, all correspondence and reports to medica practitioners, the making of appointments, and filing of case notes and skiagrams, the booking of stock issued, and the arrangements for admission to the sanatorium. Some of this work was technica in nature, and could only be carried out by the Chest Physician.

The following is a summary of Dispensary work for the yea 1948 :—

New patients examined, including those visited at home	1,559
Contacts examined	396
Others who attended for observation or treatment	12,178
Total ...	14,133

HEALTH VISITORS

When a patient is found to be suffering from tuberculosis, Health Visitor calls at the home. She advises on methods minimising infection, ascertains names of contacts, and reports the general state of the house. She re-visits these patients intervals, and by this means she proves invaluable in keeping t Department in touch with its patients. Approximately ten visi are undertaken by each Health Visitor weekly, but owing to sho age of staff the total visits have fallen short of our aim. Heal Visitors paid 1,188 visits during the year.

DOMICILIARY VISITS

The Chest Physician visited patients at their homes at t request of medical practitioners. For those people with limit means, where the help of a skiagram is desirable, he could sancti the use of an ambulance to convey the patient to and from t hospital for this purpose.

During the year, the Chest Physician paid 107 visits.

EXTRA NOURISHMENT

Sufferers from active tuberculosis are allowed, by the Minis of Food, extra milk and fat. At the end of the year, this amoun to two pints of milk daily and one ounce of fat weekly, also ex bacon and eggs. Where there is disease in the throat or alimenta canal, which makes swallowing painful, extra eggs may be issu These recommendations were made on the appropriate form of Ministry of Food.

The continual purchase of milk is sometimes a great finan burden, and in these cases the Chest Physician may recomm e issue of free milk by the Health Committee. The whole financial rcumstances of the patient are investigated before this is done.

During the year, approximately 343 were assisted in this way.

ON-PULMONARY TUBERCULOSIS

Cases of bone and joint tuberculosis were referred to the thopaedic Department, which is under the clinical control of r. H. H. Langston, F.R.C.S.

Other cases of non-pulmonary tuberculosis were treated in the natorium. If surgical intervention was indicated, patients were insferred to the Borough Hospital.

ADIOGRAPHIC EXAMINATIONS

X-rays play a major part in the management of tuberculosis. l new patients and most contacts were examined by this means a routine. Usually this is for a suspected pulmonary lesion, but ere symptoms and signs point to a lesion in some other part of e body, appropriate films are taken. The use of the fluorescent een is a rapid method for determining the degree of a pneumo-orax or the presence of fluid therein, but is not sufficiently accurate detect early disease or the spread of older lesions. Patients are erefore X-rayed at intervals and all pneumothorax patients are rayed at three-monthly intervals as a routine.

Skiagrams are taken at the Borough Hospital and the Borough natorium. At the latter institution, a Radiographer attends on esdays and Fridays from 2 p.m. until 7 p.m. and works in close operation with the Chest Physician, who is conducting pneumo-rax refill sessions, and seeing new patients during these hours. ny contacts take the opportunity of having a skiagram taken ing visiting hours on Friday evening. All films taken in the atorium are interpreted by the Chest Physician.

Skiagrams taken at the Borough Hospital during the year	2,819
Skiagrams taken at the sanatorium during the year	2,580
Total ...	5,399

BORATORY WORK

The diagnosis and treatment of tuberculosis is largely influenced aboratory work. Sputa of patients were examined at the Public lth Laboratory in King's Park Road, as also were laryngeal and ryngeal swabs in suspected patients from whom no sputum d be obtained. Occasionally a sputum was cultured when it was considered that a comparatively few organisms rendered direc observations difficult. Numerous blood sedimentation rate test were carried out in the sanatorium. The treatment of the diseas by para-aminosalicylic acid necessitated a knowledge of the bloo concentration of this drug, and these tests were performed at th Royal South Hants Hospital. Blood counts were done at th Borough Hospital. The various laboratories supplied valuabl evidence in other diseases with which tuberculosis is often associate or from the clinical appearance resembled, and fractional test mea in cases of indigestion, the elimination of pernicious anaemia syphilis by appropriate blood-tests and the determination of th blood sugar content in diabetes mellitus proved invaluable. The were 1,604 sputa examinations during the year.

INSTITUTIONAL TREATMENT, BOROUGH SANATORIUM

This is situated in the Borough Isolation Hospital, Oakl Road, Millbrook. At the end of 1948 the following beds we available :—

Male, 68 ; Female, 44 ; Children, 24. Total 136

Another 12 beds could not be used owing to shortage of staf

The sanatorium is mostly used for pulmonary cases, but th are a few non-pulmonary ones. The children's ward is for n infectious cases only.

It is equipped with an operating theatre, X-ray apparat dental department and laboratory.

Out-patients needing refills for artificial pneumothorax artificial pneumoperitoneum attend the sanatorium on Tuesday a Friday. These sessions are from 2 p.m. until 7 p.m. A Rad grapher also is in attendance during these hours.

The Chest Physician visits the sanatorium daily.

A Dental Surgeon visits the sanatorium weekly.

An Ear, Nose and Throat Specialist visits the sanatorium regular intervals.

The Resident Medical Officer of the Isolation Hospita available for emergencies. There is also an Assistant Resid Medical Officer.

Consultations with other specialists were arranged w necessary.

Throughout the year, there were fairly long waiting lists men and women. This was brought about by a shortage of b the arrival of men and women from overseas who had to be acc modated for longer or shorter periods ; the transfer of cases f e Royal South Hants Hospital and Borough Hospital ; and the irly extensive Dispensary work which produced its own number patients. Consequently, the Chest Physician was compelled to duce the patient's stay in the sanatorium to the minimum.

Number of patients in sanatorium, 1st January, 1948	115
Admitted during the year	418
Discharged during the year	348
Died during the year	52
Remaining, 31st December, 1948	143

HER INSTITUTIONS

The following Table shows the admission of patients to other stitutions. This is usually for specialised treatment.

	Males	Females
ntnor	3	1
ompton	2	1
yal National Orthopaedic Hospital, Stanmore	1	—
dhurst	1	—
rton	1	1
rland Hall	3	5
uglas House	1	—
nnaught Military Hospital	1	1
owle	1	—
yal Sea-bathing Hospital, Margate	1	—

ERAPEUTIC MEASURES

The sheet-anchor for the treatment of all forms of Tuberculosis rest. Apart from bed rest, the measures which have been used this end have been artificial pneumothorax, artificial pneumoitoneum, phrenic crush, thorocoplasty, and, in non-pulmonary es, appropriate splinting. A few pleural effusions, which have wn underlying lesions, have been replaced by air, and the case verted into one of pneumothorax. Abdominal tuberculosis h ascites has been aspirated or the abdomen opened.

Streptomycin has been used in certain cases with encouraging lts, and a ward for treatment of tuberculosis meningitis, originalways fatal, was opened in the Royal South Hants Hospital. th increasing supplies, it is hoped that streptomycin will be more quently employed.

Para-aminosalicylic acid or its sodium salt has been given to eral patients, also with encouraging results.

Sulphretone has been tried also, but with less satisfactory lts.

The use of gold salts was almost abandoned.

One case of tuberculosis of the eye seemed to improve o tuberculin injections.

In spite of the difficult food situation, the diet in the Boroug Sanatorium has remained at a high standard in variety and quantit and no complaint of more than a trivial nature was received durin the year. Appreciation should be expressed to the Matron an Nursing Staff of the sanatorium of the way their work has bee conducted in this very difficult year.

ARTIFICIAL PNEUMOTHORAX

This valuable form of treatment consists in introducing a between the pleural layers, thereby reducing the movement of th diseased lung. The operation may be unilateral or bilateral. Sometimes it is not possible to do this, as past pleurisy has caused th pleural layers to be adherent to each other. After a successf induction, air must be replenished at longer or shorter interval The average interval is about a fortnight. The treatment is mai tained for several years if possible.

	Males	Females	Tot
Patients on Artificial Pneumothorax on 1st January, 1948 ...	119	85	20
Successful inductions	33	11	4
Patients transferred to Borough ...	8	5	1
Patients transferred out of Borough	6	4	1
Treatment abandoned. Cured or maximum benefit	9	5	1
Died	1	1	
Refills during year	2,955	2,735	5,69
Patients receiving treatment on 31st December, 1948	144	91	2

ARTIFICIAL PNEUMOPERITONEUM

This is another method of reducing the mobility of the lung Air is introduced into the cavity of the abdomen, thereby pushi up the diaphragm which separates the abdomen from the ches It is useful in most cases of Tuberculosis where circumstances w not allow pneumothorax or the more serious operation of thoroc plasty. Artificial pneumoperitoneum is often assisted by the oper tion of phrenic crush.

	Males	Females	Total
Patients receiving treatment by Artificial Pneumoperitoneum on 1st January, 1948 ...	38	17	55
Successful inductions	11	7	18
Patients transferred to Borough ...	1	—	1
Patients transferred out of Borough	2	1	3
Treatment abandoned	7	8	15
Died	2	2	4
Refills during year	1,529	772	2,301
Patients on treatment, 31st December, 1948	39	13	52

IRENIC CRUSH

This operation, which is performed unilaterally, reduces the obility of one lung by paralysing one half of the diaphragm. The rve supplying the half of the diaphragm is injured in the neck. ie operation is generally followed by artificial pneumoperitoneum.

During the year, 32 patients were subjected to this operation ventually, full movement of the diaphragm is restored.

IORACOPLASTY

This is a serious operation and needs special surgeons for its rformance. The ribs over the diseased lung are removed, and mplete collapse of the underlying lung results. The operation is rformed in comparatively healthy individuals with unilateral sions. Four patients had this operation during the year.

LICOSIS AND ASBESTOSIS (MEDICAL ARRANGEMENTS) SCHEME, 1931

Under the above scheme, which was issued by the Home fice, every employer engaged in an industry or process included the First Schedule to the scheme is required to arrange for the itial examination of any workman engaged by him within two onths of his commencing to be employed in the industry or process, and any workman found at such examination to be suffering om tuberculosis, or otherwise failing to reach the standard of alth and physique prescribed, must be suspended employment in e industry or process.

The Chest Physician is authorised by the Council to carry out e initial examinations of workmen engaged in the industry, for hich the Home Office pay a fee of 6/– for each examination to e Local Authority.

Public Health (Prevention of Tuberculosis) Regulations 1925

These Regulations give local authorities power to requir tuberculous employees, who are in an infectious state, engaged i the milk trade, to discontinue their employment or occupation.

It was not found necessary to take any action under thes Regulations during the year.

Public Health Act, 1936, Section 172

This Section gives power to local authorities to enforce an person suffering from tuberculosis of the respiratory tract, who i in an infectious state, without proper lodging or accommodation and who is a serious risk of infection to other persons, to be remove to a suitable hospital or institution.

No action was taken under this Section during the year.

Classification

For statistical purposes, cases are divided up according to th classification suggested by the Ministry of Health :—

1. All patients are grouped according to age and sex, thos under the age of 15 being classed as children.
2. Classification into pulmonary or non-pulmonary.
3. Patients suffering from pulmonary tuberculosis are divide into—

Class A. Those in whom tubercle bacilli have not bee found in the sputum.

Class B. Those in whom tubercle bacilli have bee found in the sputum.

Respiratory cases are further divided in three groups, follows :—

Group 1. Cases with slight constitutional disturbance, if an The physical signs should be present in one lobe onl or, when in more than one lobe, they should be limit to the apices and should not extend below the clavic and the spine of the scapula.

Group 3. Cases with profound systematic disturbance, and wi marked impairment of function either local or genera

Group 2. All cases which cannot be placed in Groups 1 or 3.

VENEREAL DISEASES

VENEREAL DISEASES

In the year 1948 there was a further decrease in the number new cases seen at the Clinics, as compared with the high incidence ring the war years. Members of the Armed Forces are no longer en at the Clinics, demobilisation was on a smaller scale, and there as a slight reduction in the number of Merchant Navy cases.

Penicillin in improved forms was used as the basic treatment. cases of gonorrhoea, a single injection was usually effective. xperience with penicillin has made it increasingly apparent that many cases of non-specific urethritis, and in some cases of norrhoea which have received penicillin treatment, some micro-ganisms of a non-venereal character may survive routine schedules treatment until accurately diagnosed and appropriately treated. ith an increased readiness of the public to present themselves for sts to be reassured of freedom from venereal diseases, the per-ntage of patients dealt with for the first time and found not to suffering from venereal diseases has increased from 29.2 per cent. 1938 to 59.3 per cent. in 1948.

In addition to the Town Clinics and beds at the Borough spital, the two Clinics at the Old and New Docks continued to cilitate the attendance of seamen for treatment. Publicity in the m of lectures to Youth Clubs, Parent-Teacher Associations, and laboration with religious and social workers continued. Increas- interest was shown by local medical practitioners to become quainted with the modern forms of treatment used at the Clinics.

Four new features presented themselves during 1948 :

1. On the 31st December, 1947, Defence Regulations 33B, which provided for compulsory treatment of venereal diseases in certain cases, was allowed to lapse.
2. The Almoner commenced duty as a full-time social worker. As a result, there have been fewer defaulters from treatment.
3. With the coming into operation of the National Health Service Act, the administration of the Venereal Diseases Clinics was transferred to the Regional Hospital Board. The Local Health Authority continues to have responsibility for prevention of disease, health education and publicity.
4. During the year, the Assistant Port Medical Officers conducted certain clinics to relieve the Clinical Venereal Diseases Officer.

Microscopical diagnosis of gonorrhoea and syphilis is still ried out by the Clinical Venereal Diseases Officer at the Clinics, arrangements were made for routine serum tests and tests of of gonorrhoea by smear culture to be undertaken at the Royal th Hants and Southampton Hospital Pathological Laboratory the Public Health Laboratory respectively.

TREATMENT OF VENEREAL DISEASES

Return relating to all Persons who were treated at the Treatment Centres during the year ended 31st December, 1948.

	Syphilis		Soft Chancre		Gonorrhoea		Non-Venereal or undiagnosed conditions		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals
1. Number of cases on the 1st January under treatment or observation ...	281	102	4	—	210	15	298	6	793	123	916
2. Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection ...	17	62	—	—	3	14	—	—	20	76	96
3. Number of cases dealt with for the first time during the year under report (exclusive of cases under Item 4) suffering from :—											
Syphilis, primary	70	11	—	—	—	—	—	—	70	11	81
,, secondary	31	19	—	—	—	—	—	—	31	19	50
,, latent in 1st year of infection*	7	3	—	—	—	—	—	—	7	3	10
,, all later stages	17	11	—	—	—	—	—	—	17	11	28
,, congenital	5	7	—	—	—	—	—	—	5	7	12
Soft Chancre	—	—	10	—	—	—	—	—	10	—	10
Gonorrhoea, 1st year of infection ...	—	—	—	—	508	100	—	—	508	100	608
,, later	—	—	—	—	2	—	—	—	2	—	2
Non-venereal conditions	—	—	—	—	—	—	972	200	972	200	1,172
Conditions remaining undiagnosed at 31st December ...	—	—	—	—	—	—	12	2	12	2	14

4. Number of cases dealt with for the first time during the year under report known to have received treatment for the same infection, or to have been under observation, at other Centres, or Service Hospitals or by General Practitioners approved under Ministry of Health Circ. 2226	82	19	—	—	82	2	—	—	164	21	185
Totals of Items 1, 2, 3 and 4 ...	510	234	14	—	805	131	1,282	208	2,611	573	3,184
5. Number of cases discharged after completion of treatment and final tests of cure or after diagnosis as non-venereal	26	24	1	—	237	47	937	185	1,201	256	1,457
6 (*a*). Number of cases which ceased to attend before completion of treatment and were, on first attendance, suffering from :—											
Syphilis, primary	3	5	—	—	—	—	—	—	3	5	8
,, secondary	2	3	—	—	—	—	—	—	2	3	5
,, latent in 1st year of infection *	1	—	—	—	—	—	—	—	1	—	1
,, all later stages	2	—	—	—	—	—	—	—	2	—	2
,, congenital	—	—	—	—	—	—	—	—	—	—	—
Soft Chancre	—	—	—	—	—	—	—	—	—	—	—
Gonorrhoea, 1st year of infection *	—	—	—	—	11	10	—	—	11	10	21
,, later	—	—	—	—	—	—	—	—	—	—	—
6 (*b*). Number of cases under treatment or observation which died :—											
From the disease	—	—	—	—	—	—	—	—	—	—	—
From treatment	—	—	—	—	—	—	—	—	—	—	—
From other causes	3	—	—	—	—	—	1	—	4	—	4

Return relating to all Persons at the Treatment Centres—(*continued*)

	Syphilis		Soft Chancre		Gonorrhoea		Non-Venereal or undiagnosed conditions		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals
7. Number of cases which ceased to attend after completion of treatment but before final test of cure ...	6	14	—	—	46	40	—	—	52	54	106
8. Number of cases transferred to other Centres, or to institutions, or to care of private practitioners	204	16	7	—	282	7	48	—	541	23	564
9. Number of cases remaining under treatment or observation on 31st December	263	172	6	—	229	27	296	23	794	222	1,016
Totals of Items 5, 6, 7, 8 and 9 ...	510	234	14	—	805	131	1,282	208	2,611	573	3,184
10. Number of cases in the following stages of syphilis included in Item 6 which failed to complete one course of treatment of either penicillin or of arsenic and bismuth :—											
Syphilis, primary	1	4	—	—	—	—	—	—	1	4	5
,, secondary	1	1	—	—	—	—	—	—	1	1	2
,, latent in 1st year of infection *	—	—	—	—	—	—	—	—	—	—	—
,, all later stages	—	—	—	—	—	—	—	—	—	—	—
,, congenital	—	—	—	—	—	—	—	—	—	—	—
11. Number of attendances :—											
(*a*) For individual attention of the Medical Officer(s)	4,693	2,142	75	—	3,054	641	3,453	844	11,275	3,627	14,902
(*b*) For intermediate treatment,	194	715	4	—	444	20	462	—	1,104	735	1,839

Return relating to all Persons at the Treatment Centres—*(continued)*

	Syphilis		Soft Chancre		Gonorrhoea		Non-Venereal or undiagnosed conditions		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals
12. In-patients :— Name of Institution (if other than the Treatment Centre) Southampton Borough Hospital.											
(*a*) Total number of persons admitted for treatment during the year	39	28	—	—	8	4	—	3	47	35	82
(*b*) Aggregate number of "in-patient days" of treatment given	734	475	—	—	158	83	—	26	892	584	1,476
							Other Diseases				
							M.	F.			
13. Number of cases treated with penicillin at Clinics	157	59	—	—	469	100	75	2	767	161	928
By Ships' Surgeons	4	—	—	—	61	—	1	—			

Return relating to all Persons at the Treatment Centres—(*continued*)

	Under 1 year		1 and under 5 years		5 and under 15 years		15 years and over		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
14. Number of cases of congenital syphilis in Item 3 above classified according to age periods	2	2	—	1	—	—	3	4	5	7

	Microscopical		Cultural for Gonorrhoea	Serum		Cerebro-spinal fluid	Others for diagnosis of Ven. Disease
	for Syphilis	for Gonorrhoea		for Syphilis	for Gonorrhoea		
15. PATHOLOGICAL WORK :— (*a*) Number of specimens examined at, and by the Medical Officer of, the Treatment Centre	312	3,816	64	3,363	—	—	T.V. 672
(*b*) Number of specimens from patients attending at the Treatment Centre for examination to an approved laboratory	—	—	294	3,695	158	56	URINES 65

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* " Syphilis, latent in 1st year of infection," applies to cases presenting no clinical sign of syphilis but discovered (by blood tests, etc.) to have contracted the disease within the preceding 12 months.

atement showing the services rendered at the Treatment Centres during the year, classified according to the areas in which the patients resided.

Total endances	Number of Cases					Name of County or County Borough
	Syphilis	Soft Chancre	Gonorrhoea	Non V.D.	Total	
0,277	97	2	245	546	890	Southampton
2,085	24	1	73	200	298	Hampshire
98	—	—	9	9	18	Portsmouth
78	2	—	2	7	11	Isle of Wight
179	2	—	8	10	20	Dorset
29	2	—	3	1	6	Wiltshire
12	—	—	4	1	5	Channel Islands
51	—	—	4	7	11	Sussex
47	—	—	2	5	7	Surrey
53	—	—	3	16	19	Kent
320	4	—	26	33	63	London
131	1	—	8	9	18	Essex
9	—	—	2	1	3	Hertfordshire
17	—	—	1	2	3	Berkshire
1	—	—	—	1	1	Northampton
3	—	—	—	1	1	Cambridgeshire
3	—	—	1	—	1	Bedfordshire
35	—	—	—	4	4	Suffolk
5	—	—	2	—	2	Norfolk
132	1	—	5	21	27	Yorkshire
3	—	—	—	2	2	Sunderland
26	1	—	2	—	3	Newcastle
110	1	—	6	9	16	Durham
46	—	—	2	7	9	Northumberland
20	1	—	—	2	3	Cumberland
119	1	1	3	14	19	Lancashire
16	—	—	1	2	3	Manchester
371	4	—	21	40	65	Liverpool
72	1	—	7	9	17	Cheshire
15	1	—	—	—	1	Isle of Man
5	—	—	1	—	1	Derbyshire
30	—	—	2	3	5	Nottinghamshire
11	—	—	2	1	3	Leicestershire
10	—	—	—	2	2	Lincolnshire
12	—	—	1	2	3	Staffordshire
62	—	—	5	7	12	Birmingham
19	1	—	—	—	1	Shropshire
19	—	—	2	—	2	Herefordshire
24	—	—	2	3	5	Oxfordshire
2	—	—	—	1	1	Gloucestershire
14	—	—	2	3	5	Bristol
15	—	—	2	2	4	Devon
16	—	—	4	2	6	Cornwall
83	1	—	5	17	23	South Wales
8	—	—	1	4	5	North Wales
522	3	—	34	54	91	Scotland
196	3	—	11	23	37	Northern Ireland
127	1	1	10	10	22	Eire
337	4	—	29	24	57	British Empire
183	8	2	5	17	32	Lascars
85	5	—	6	4	15	United States
565	11	3	44	44	102	Other Countries
4	—	—	—	1	1	Royal Navy
3	1	—	2	—	3	The Army
26	—	—	—	3	3	Royal Air Force
741	181	10	610	1,186	1,987	

BOROUGH HOSPITAL
AND
BOROUGH ISOLATION HOSPITAL
AND SANATORIUM

BOROUGH HOSPITAL

A full description of the Borough Hospital was given in my nnual Report for the year 1947. The hospital was transferred to e administration of the Regional Hospital Board on the 5th July, 48, and the following information, which relates to the whole ar, has been provided by the Medical Superintendent.

perative Surgery

As will be seen from Table " E," 1,488 operations were ccessfully performed during the year. Of this number, 602 re Tonsils and Adenoids, Mastoid operations, etc., performed the Aural Surgeon. This constitutes a considerable increase er previous years, and has entailed a morning and afternoon ssion on the major operating day, which is held every Thursday.

aternity Unit

During the year, 1,449 women were confined in the Maternity nit. There were 1,421 live births and 57 still births.

nile and Chronic Patients

During the year 1948, out of a total of 384 deaths, 120 were er the age of 70 and 87 over the age of 60. Between the ages of and 20, there were 5 deaths.

TABLE A. — Table showing the classification of the accommodation for acute and chronic sick and Maternity cases, and the number of beds occupied on the 31st December, 1948

Classification of Wards	No. of Wards	BEDS							
		Men		Women		Children (under 16 years of age)		Total	
(1)	(2)	Provided (3)	Occupied (4)	Provided (5)	Occupied (6)	Provided (7)	Occupied (8)	Provided (9)	Occupied (10)
1. Medical	2	34	23	26	19	—	—	60	42
2. Surgical	2	26	18	29	21	—	—	55	39
3. Gynaecological	1	—	—	30	21	—	—	30	21
4. Children	2	—	—	—	—	44	19	44	19
5. Venereal (Side Wards) ...	4	6	2	6	1	—	—	12	3
6. Maternity	15	—	—	54	36	49	34	103	70
7. Isolation	3	—	—	3	—	—	—	3	—
8. [1]Chronic Sick	6	111	46	77	71	—	—	188	117
Totals	35	177	89	225	169	93	53	495	311

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[1] — Patients needing hospital treatment because they are suffering from some chronic disease; also infirm patients whose medical and nursing needs approximate to those of chronic patients. These numbers include two chronic wards of sixty-four [illegible] shortage of nursing staff.

TABLE B.

ATISTICS RELATING TO THE YEAR ENDED 31ST DECEMBER, 1948

Total number of admissions (including infants born in hospital)	5,918
Number of women confined in hospital	1,449
Number of live births	1,421
Number of still births	57
Number of deaths among the newly born (*i.e.* inder 4 weeks of age)	61
Total number of deaths among children under one year (including those given under No. 5)	69
Number of maternal deaths among women admitted to the hospital	8
Total number of deaths	384
Total number of discharges (including infants born in hospital,	5,552
Duration of stay of patients, included in Nos. 8 and 9 above, whose stay was for the following periods :—	
(*a*) Under four weeks	5,430
(*b*) Four weeks and under thirteen weeks	395
(*c*) Thirteen weeks or more	111
Number of beds occupied during the year :—	
(*a*) Average	335
(*b*) Highest, on 22nd October and 11th December, 1948	359
(*c*) Lowest, on 27th December, 1948	287
Number of surgical operations under general anaesthetic (excluding dental operations)	1,485
Number of abdominal sections	186

T-PATIENTS

During the year, 8,325 patients passed through the Out-tients' Departments of the Borough Hospital, as under :—

	Cases	Attendances
Ante-natal	302	2,770
X-ray	—	4,942
Physiotherapy	77	613
TOTAL ...	379	8,325

TABLE C.

Classification of patients who were discharged from, or w died in, the Institution during the year ended 31st December, 19

Disease Groups	Children (under 16 years of age		Men and Women	
	Dis-charged	Died	Dis-charged	Die
A. Acute Infectious Diseases ...	7	—	1	—
B. Influenza	1	—	2	—
C. Tuberculosis :—				
Pulmonary	—	—	35	7
Non-Pulmonary	1	—	9	3
D. Malignant Disease	—	—	58	75
E. Rheumatism, including :—	3	—	22	—
(1) Acute Rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea				
(2) Non-articular manifestations of so-called "rheumatism" (muscular rheumatism, fibrositis, lumbago and sciatica)				
(3) Chornic Arthritis ...				
F. Venereal Diseases	3	—	71	—
G. Puerperal Pyrexia or fever ...	—	—	9	—
H. Other diseases and accidents connected with pregnancy and childbirth	—	—	293	—
I. Mental Diseases :—				—
(*a*) Senile Dementia	—	—	—	
(*b*) Other	1	—	—	—
J. Senile Decay	—	—	4	
K. Accidental injuries	6	—	61	
In respect of cases not included above :				
L. Disease of the Nervous System and Sense Organs	—	—	20	
M. Disease of the Respiratory System	639	2	280	1
N. Disease of the Circulatory System	3	—	67	
O. Disease of the Digestive System...	44	3	242	
P. Disease of the Genito-Urinary System	9	—	417	
Q. Disease of the Skin	23	—	47	
R. Other diseases	136	4	131	
S. Mothers and Infants discharged from the Maternity Wards :—				
Mothers	—	—	1534	
Infants	1373	61	—	
Totals	2249	70	3303	3

TABLE D.

Classification of number of deaths occurring at the different ge periods between the 1st January and 31st December, 1948 :—

Above 90 years of age	1
Between 80 and 90 years	29
,, 70 and 80 years	90
,, 60 and 70 years	87
,, 50 and 60 years	61
,, 40 and 50 years	20
,, 30 and 40 years	11
,, 20 and 30 years	11
,, 10 and 20 years	4
,, 5 and 10 years	—
,, 1 and 5 years	1
Under 1 year	8
Under 4 weeks	61
Total	384

TABLE E.

Operations performed at the Borough Hospital from the st January to 31st December, 1948 :—

Abdominal Sections (not including those under No. 4)	186
Operations on Bones and Joints :—	
(*a*) Amputations	2
(*b*) Other operations on Bones and Joints	25
Genito-Urinary Operations	126
Gynaecological Operations :—	
(*a*) Major	73
(*b*) Minor	209
Operations on Ear, Nose and Throat :—	
(*a*) Tonsils and Adenoids	520
(*b*) Mastoids	22
(*c*) Miscellaneous	60
Dental Operations	3
Miscellaneous and Minor Operations, including skin grafts, incisions and drainage of abscesses, etc.	238
Plasters	24
Total	1488

OROUGH ISOLATION HOSPITAL AND SANATORIUM

The Borough Isolation Hospital and Sanatorium was transferred the Regional Hospital Board on the 5th July, 1948, the Medical fficer of Health continuing to act as Medical Superintendent in part-time capacity. The following details cover the whole period om the 1st January to 31st December, 1948.

The total number of cases admitted to the hospital and sanarium during the year was 1,003, as compared with 1,046 for the ear 1947, and 902 for the year 1946. Of the cases admitted, 420 were suffering from pulmonary tuberculosis, while the remaining 583 cases consisted mostly of common infectious diseases.

The following Table shows the conditions from which the majority of the remaining cases were found to be suffering :—

Measles and complications	88
Chicken Pox	75
Scarlet Fever	92
Whooping Cough and complications	55
Poliomyelitis	16
Streptococcal Tonsillitis and Vincent's Angina ...	35
Diphtheria	9

SCARLET FEVER

The Scarlet Fever figures rose this year, there being 92 case as compared with 57 cases in 1947, and 104 cases in 1946.

DIPHTHERIA

There were only 9 cases of faucial Diphtheria admitted th year, as compared with 30 in 1947, and 34 in 1946.

All the cases were mild and there were no bacteriologicall confirmed cases of Laryngeal Diphtheria.

MEASLES AND COMPLICATIONS

Admissions were 88, as compared with 115 for the year 194 The mortality rate was 2.2 per cent., these deaths being due to fulminating Broncho-pneumonia.

WHOOPING COUGH AND COMPLICATIONS

Whooping Cough admissions were 55, as compared with cases in 1947, and 46 cases in 1946.

The mortality rate was 16.3 per cent., due to Bronch pneumonia, convulsions and Gastro-enteritis.

GASTRO-ENTERITIS

There were 17 cases of Infantile Gastro-enteritis of a no specific type, compared with 40 cases in 1947.

TYPHOID FEVER

There was 1 case of Typhoid Fever admitted from the port a convalescent state.

FOOD POISONING AND DYSENTERY

There were 9 cases of food poisoning, all due to Salmone Typhimurium, and 17 cases of dysentery, the majority of wh were Sonne infections.

POLIOMYELITIS

There was a marked fall in the number of cases of Poliomyel admitted this year, there being 16 cases, as compared with 77 ca in 1947. Of this number, one was a Bulbar case and proved fa

This Table shows all admissions to the Isolation Hospital and natorium and includes all cases admitted from vessels in the port, ses admitted from neighbouring districts, and naval and military ses.

DISEASE NOTIFIED OR SUSPECTED	Cases remaining in Hospital 1st January, 1948	Admitted	Died	Discharged	Remaining in Hospital 31st December, 1948
berculosis	113	420	52	348	133
lergic skin reaction	—	3	—	3	—
nti's aneamia	—	1	—	1	—
ain tumour	—	1	1	—	—
oncho and lobar pneumonia ...	2	15	1	16	—
onchitis and emphysema	—	1	—	1	—
tarrhal laryngitis	—	1	—	1	—
llulitis	—	2	—	2	—
rcinoma of colon	—	1	—	1	—
rebral haemorrhage	—	1	—	1	—
rebral spinal meningitis	—	3	—	3	—
icken pox	2	75	—	76	1
icken pox and post auricular abscess	—	1	—	1	—
icken pox and toxaemia	—	1	1	—	—
icken pox and urticaria	—	1	—	1	—
rmatitis	—	1	—	1	—
phtheria	3	9	—	12	—
phtheria—non-virulent	—	1	—	1	—
phtheria carrier	—	3	—	3	—
phtheria carrier and hypertensive heart failure	—	1	—	1	—
sentery	—	17	—	17	—
sentery carrier	—	2	—	2	—
nne dysentery	—	2	—	2	—
npyema	—	1	—	1	—
teritis	—	2	—	2	—
ysipelas	—	16	—	15	1
ythema multiforme	—	2	—	2	—
ythema nodosum	—	2	—	2	—
brositis of neck	—	1	—	1	—
od poisoning	—	9	—	9	—
stro enteritis	3	17	4	14	2
andular fever	—	1	—	1	—
rpes Zoster	—	2	—	2	—
petigo	—	5	—	3	2
fantile hemiplegia	—	2	—	2	—
fective hepatitis	—	2	—	2	—
CARRIED FORWARD	123	625	59	550	139

ADMISSIONS (continued)

DISEASE NOTIFIED OR SUSPECTED	Cases remaining in Hospital 1st January, 1948	Admitted	Died	Discharged	Remaining in Hospital
Brought Forward	123	625	59	550	139
Kala-azar	—	1	—	1	—
Laryngitis	—	4	1	3	—
Laryngo-tracheitis	—	1	1	—	—
Luminal allergy	—	1	—	1	—
Measles and complications	—	88	2	63	23
Meningococcal meningitis	1	—	—	1	—
Meningism due to constipation ...	—	1	—	1	—
Meningism and tonsillitis	—	1	—	1	—
Meningitis	—	4	—	4	—
Pneumococcal meningitis	—	1	1	—	—
Mumps	—	4	—	4	—
Ophthalmic neonatorum	—	2	—	2	—
Observation	—	35	—	33	2
Otitis media	1	—	—	1	—
Pharyngitis	—	2	—	1	1
Poliomyelitis	2	16	1	16	1
Premature birth	—	1	1	—	—
Puerperal fever	—	1	—	1	—
Purpura	—	1	—	1	—
P.U.O.	—	1	—	1	—
Pyelitis	—	3	—	3	—
Rheumatic fever	—	1	—	1	—
Rheumatism	—	1	—	1	—
Rubella	—	7	—	7	—
Salmonella	—	3	—	3	—
Scabies	—	1	—	1	—
Scarlet fever	6	92	—	88	1
Secondary syphilis	—	1	—	1	—
Subarachnoid haemorrhage	—	3	1	2	—
Sulphathiagole allergy	—	1	—	1	—
Sunstroke and gum infection	—	1	—	1	—
Tonsillitis	—	35	—	35	—
Toxaemia	—	1	—	1	—
Tubercular enteritis	—	1	—	1	—
Tubercular meningitis	—	2	—	2	—
Typhoid convalescent	—	1	—	1	—
Urticaria	—	1	—	1	—
Vaccinia	—	1	—	1	—
Varicose ulcer	1	—	—	1	—
Vincent's angina	—	2	—	2	—
Whooping cough and complications ...	5	55	9	47	
Totals	139	1003	76	886	18

SANITARY SERVICES

and

FOOD AND DRUGS ACTS

CHIEF SANITARY INSPECTOR'S REPORT

The following summary shows the particular work carried out nder the various Acts administered by the Department, and uisances abated during the year :—

ouses and premises visited and re-visted	10,804
ouses and premises visited on complaint	5,519
isits to Common Lodging Houses	26
isits to Seamen's Lodging Houses	—
isits to contacts of Small Pox, etc.	509
isits to investigate notified cases, Infectious Disease ...	1,032
ouses and premises disinfected	547
nspections under building bye-laws	933
ew drains tested and re-tested	796
xisting drains tested with smoke or Colour Test ...	13
nspections of Cinemas	11
reliminary Notices served	2,444
egal Notices served	904

DETAILS OF WORK COMPLIED

uisances abated by verbal notice	69
remises drained to the sewer	10
rains relaid	1
rains cleared and repaired	380
.C. pans renewed	344
.C. reconstructed	63
th and sink wastes	126
mp walls to houses	430
ouses redecorated	108
oofs of houses repaired	829
ves, guttering and rain water pipes	343
nitary sinks fixed	52
oors, walls and windows	2,435
rd paving	26
cumulations removed	47
regrates, coppers, etc.	181
efective cisterns	178
scellaneous repairs	288
stbins supplied	223
rminous premises	3

ARTICLES DISINFECTED AT WEST QUAY DISINFECTING STATION

Beds, Mattresses and Covers	3,189
Bolsters and Pillows	4,679
Blankets, Quilts, Sheets and Towels	7,548
Books	324
Sundries	3,155
	18,895

Drainage under the Building Bye-Laws

Number of inspections during progress of work	93
Number of drains tested and re-tested	79

PUBLIC HEALTH ACT, 1936. Section 93

During the year, 42 cases for non-compliance of Statutor Notices, served under the above Section, were referred to th Court of Summary Jurisdiction.

In 14 instances the Notices were complied with before the dat of the hearing of the summons.

In 12 instances the work had been commenced after the issu of the summons, and adjournments were granted to complete th work. The summonses were later withdrawn.

In 14 cases the Notices were complied with after sever adjournments and fines of 40/- imposed in 3 of these cases.

In 1 instance a Nuisance Order was obtained prohibiting tl use of part of the building for human habitation.

In 1 instance the case was adjourned *sine die.*

COMMON LODGING HOUSES

There is one Common Lodging House in the Borough wi Registered accommodation for 59 persons.

Twenty-six visits were made during the year, and the premis were generally kept in a satisfactory condition.

HOUSING STATISTICS

The following particulars are given in the form required by Ministry of Health.

Inspection of dwelling Houses during the year :—

(1)	(*a*)	Total number of dwelling houses inspected for housing defects (under the Public Health or Housing Acts) … … …	6,654
	(*b*)	Number of inspections made for the purpose	16,323
(2)	(*a*)	Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing (Consolidated) Regulations, 1925 … …	2
	(*b*)	Number of inspections made for the purpose	4
(3)		Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation …	2
(4)		Number of dwelling houses (exclusive of those referred to under the preceding sub-heads) found not to be in all respects reasonably fit for human habitation …	2,442

Remedy of defects during the year without service of formal notices :—

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers … … … … …	69

eedings under the Public Health Acts :—

1)		Number of dwelling houses in respect of which notices were served requiring defects to be remedied … … … … … …	2,442
2)		Number of dwelling houses in which defects were remedied after service of formal notices :	
	(*a*)	By owners … … … …	2,551
	(*b*)	By Local Authority in default of owners	nil

RODENT CONTROL 1948

Estimated number of rats destroyed :—

In business premises	2,4
In private dwellings	4,3
On sewage disposal works	
In sewers—October Treatment	
Refuse Tips	1,
	9,

Sewers

During the year, two maintenance treatments were carried to the town sewers for the destruction of rats, the first treatm being preceded by a test baiting of 10 per cent. of the sewer m holes. The record of this test was sent to the Infestation Divis of the Ministry of Food, together with the proposed programm treatment. In this treatment 316 manholes were pre-baited those showing evidence of infestation were poison-baited. This treatment was followed six months later by a further treatm based on the evidence of infestation as disclosed in the first tr ment. In accordance with instructions circularised to L Authorities by the Ministry, manholes were not opened on the following poisoning and it is not possible to state the numbe rats in this treatment.

In the second treatment the Ministry were desirous of rec being made, and in this instance those manholes where poison had been laid were opened and the " take " recorded, showing approximate kill of 622 rats.

Refuse Tips

Six treatments were carried out at the Manor Farm Road the first being undertaken by the Ministry of Agriculture Fisheries own rodent staff as a demonstration to pupils of a Ro Operators Class ; the remaining five treatments were underta by the Local Authority.

At the conclusion of the second treatment, which resulte a small kill of 91 rats, there remained only a small residual population, but in less than six weeks subsequent to this treatn the tip had become a major infestation, and a third treatn resulted in an estimated kill of 1,050 rats. This large kill c only be accounted for by a rapid invasion of the tip by rats un to obtain food otherwise, and may be accounted for by the vaca of a dairy farm situated about three-quarters of a mile away the removal of the herd.

During the year, the total number of rats destroyed (excluding)se destroyed in the first treatment carried out by the Ministry) estimated to have been 1,661.

WAGE DISPOSAL WORKS

Three of these works were treated at intervals during the year found necessary, and 653 rats were destroyed.

IVATE HOUSES

During the year, 12,749 visits were made to private dwellings. is figure includes premises which were the subject of a complaint ether with houses in the immediate vicinity, and also the con-uance of the systematic survey.

In many cases it was found that infestations had occurred ough rats entering premises by defective air-bricks and disused ins, thus gaining access to the cavity wall and to the roof space. number of rats known to have been destroyed is 4,315.

The responsibility for the direction of rat destruction has now n transferred from the Ministry of Food to the Ministry of iculture and Fisheries, who have indicated to Local Authorities t the free treatment to private dwellings will still be permitted, jected to satisfactory safeguards. The treatment of this class premises has therefore continued to be serviced free to the ıpier.

INESS PREMISES

During the year, 186 business premises were treated as a result omplaints, with an estimated rat destruction of 2,449. The of this service is covered by charges made.

FACTORIES ACT, 1937

Summary of visits during the year :—

Factories	1,273
Bakehouses	298
Miscellaneous	531
TOTAL ...	2,102

Reports received from H.M. Inspector of Factories duri the Year (Section 9)

Nature of Report	No. Received	Action Taken		
		Verbal Notice	Written Notice	Premise Void
Contravention of the Sanitary Accommodation Regulations, 1938 ...	17	14	3	—
Schedule 3	4	4	—	—
Other matters	3	2	—	1
Totals	24	20	3	1

BAKEHOUSES

There are 58 bakehouses on the Register of Factories. In course of 298 visits during the year, every one of these premi was visited at least once. Thirty-four defects were found a remedied, twenty-five by written and nine by verbal notice.

Bakehouses are required to be re-limewashed at least once every six months, or, if they are painted, washed off at least similar intervals and the paint renewed every seven years. Th requirements have been satisfactorily observed and the gene standard of cleanliness appears to be reasonably well maintaine

HOMEWORK—FACTORIES ACT, 1937, SECTION 11

In accordance with the requirements of the Act, 8 lists w sent in during February and 6 during August. These contai the names and addresses of 19 and 83 outworkers respectively. latter high figure was mainly due to the outworkers employed a local glove-making firm, this being a trade in which such lab is commonly used.

All the outwork reported was in the class specified under Act as "the making, cleaning, washing, altering, ornament finishing and repairing of wearing apparel." Forty-one visits h been made to outworkers' premises. No instances have been fo of homework being carried on in unwholesome premises.

There appears to be a tendency for the employment of workers to increase. This is perhaps associated with the relaxat effected or projected in the control of materials for wearing appa The practice of giving out work, however, is not, so far as this is concerned, anything like so extensive as before the war. I interesting to note that notifications were received during the of local residents being employed in their own homes by firm far distant as Yeovil, Shaftesbury and London.

FACTORIES—DEFECTS FOUND AND REMEDIED

	Factories with Mechanical Power	Factories without Mechanical Power	Bake-houses	Totals
itary Conveniences :				
ntervening ventilated space provided ...	3	1	—	4
rovided to premises ...	5	—	—	5
ew pans fixed ...	3	—	1	4
roperly vented ...	—	1	—	1
ighted	1	—	—	1
alls or roofs repaired	2	—	2	4
leansed or limewashed	8	2	4	14
uitably indicated ...	3	—	2	5
uitably screened ...	2	—	—	2
ins cleared, relaid or repaired	26	7	6	39
nises cleansed and redecorated	41	10	11	62
fs renewed or repaired	7	—	1	8
ngs ,, ,,	3	—	2	5
ls ,, ,,	12	6	4	22
rs ,, ,,	—	1	—	1
rs ,, ,,	9	1	3	13
water stacks renewed or repaired	—	—	1	1
dows repaired or re-glazed	5	6	3	14
sinks fitted	4	—	2	6
wastes renewed or repaired	2	1	—	3
paving repaired ...	3	1	2	6
ilation improved ...	1	2	—	3
tory basins renewed ...	1	—	—	1
ney shafts extended ...	3	—	1	4
mometers provided for workrooms	—	2	—	2
crowding abated ...	—	2	—	2
mulations of rubbish removed	9	2	—	11
bins provided ...	5	2	7	14
TOTALS	158	47	52	257

SHOPS ACTS, 1912–1936

A total of 2,156 visits have been made under these Acts during
ear. These included visits under the Shops (Sunday Trading
riction) Act, 1936. In the course of inspections under the Acts,
as found necessary to give 173 warnings for various infringe-
s. The majority of these were for irregularities in connection
the employment of assistants, the non-exhibition of statutory

Forms and Notices and the provision of statutory amenities assistants. In addition, 8 Written Notices were served un Section 10 of the Shops Act, 1934 ; these were in respect of sufficient ventilation, ineffective lighting and defective sanit conveniences.

Considerable trouble was experienced in the early part of year in dealing with contraventions of the Shops (Sunday Trad Restriction) Act, 1936. A series of inspections were carried covering most of the Borough, as the result of which 33 succes prosecutions were undertaken. Five of these were for the sal non-exempted articles, twenty-six for failure to exhibit the statut Notices prescribed for " Mixed " shops and two for failure to k the necessary records of assistants' Sunday employment.

Experience in the administration of these Acts confirms opinion of the Gower Committee that consolidation and, in pla simplification, is desirable. In the main, there is reasonably sa factory compliance on the part of shopkeepers, but some provis of the Acts are extremely complicated and details are often fo to be neglected. Much explaining has to be done, involving a g deal of time. It is to be hoped that the consolidation of these will not be long delayed.

THE RAG FLOCK ACTS, 1911 and 1928

During the year, ten samples were taken under the Acts submitted to the Borough Analyst for examination. The re were as follow :—

No. of Sample	Chlorine as Chlorides
1	10.0 parts per 100,000
2	30.0 ,, ,,
3	5.0 ,, ,,
4	12.5 ,, ,,
5	7.5 ,, ,,
6	5.0 ,, ,,
7	20.0 ,, ,,
8	6.0 ,, ,,
9	2.0 ,, ,,
10	30.0 ,, ,,

NOTE.—The limit of Chlorine permitted by the Act is 30 parts per 100,000.
All the above samples, therefore, complied with the requirements of the Act.

Bedding manufacturers and upholsterers in the Borough obtain ir supplies of Flock from outside the area. There are no premises the district where Rag Flock is manufactured. It is understood t the supply position has been somewhat easier during the year. ere has been no indication of any changes in legislation, as recomnded in the Report of the Inter-Departmental Committee during 7.

The following Tables are included at the request of the Secretary State.

FACTORIES ACT, 1937

Inspections for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises	M/c Line No.	Number on Register	Number of Inspections	Number of Written Notices	Number of Occupiers Prosecuted
ories in which Sec- 1, 2, 3, 4 & 6 are enforced by Local iorities	1	67	426	4	—
ories not included in which Section enforced by the Authority ...	2	511	1,105	21	—
premises in which on 7 is enforced by Local Authority iding Outworkers' ses)	3	16	40	—	—
OTALS		594	1,571	25	—

2. Cases in which Defects were found.

Particulars	Number of Cases in which Defects were Found				No. of Cas in which Prosecutio were Institute
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of Cleanliness (S. 1)	87	87	—	4	—
Overcrowding (S. 2)	2	2	—	1	—
Unreasonable temperature (S. 3) ...	—	—	—	—	—
Inadequate ventilation (S. 4) ...	3	3	—	—	—
Ineffective drainage of floors (S. 6) ...	10	10	—	—	—
Sanitary Conveniences: (S. 7)					
(*a*) Insufficient ...	8	8	—	5	—
(*b*) Unsuitable or defective ...	30	30	—	10	—
(*c*) Not separate for sexes	2	2	—	2	—
Other offences against the Act (not including offences relating to Outwork)	116	115	1	2	—
Totals ...	258	257	1	24	—

PART VIII OF THE ACT

OUTWORK (Section. 110 and 111)

Nature of Work	No. of Out-workers in Aug. List Required by S. 110 (1) (*c*)	No. of Cases of Default in Sending Lists to Council	No. of Prosecutions for Failure to Supply Lists	No. of instances of Work in Unwholesome Premises	Notices Served	Prose tio
Wearing apparel : Making, etc. ...	83	—	—	—	—	—

ICE CREAM

The manufacture and sale of ice cream continued to preoccupy he attention of Health Authorities throughout the country during 948. That the Ice Cream (Heat Treatment, etc.) Regulations, 947, have had a profound effect upon the manufacture of the prouct there can be no doubt, but it is equally true that much conoversy has arisen over their interpretation and administration. erhaps the most common criticism has been that certain ambiguies in the Regulations have resulted in a lack of uniformity in their pplication as between different authorities. There is, however, no oubt that they have been of great assistance to Local Authorities securing better and safer manufacturing conditions and they ave prepared the way for some much-needed emphasis on food nd personal hygiene as applied to the trade. That is not to say at ice cream was being made or sold under dirty conditions. ather is it the case that, in explaining the Regulations, opporunity has been taken to stress the susceptibility of the product to acterial contamination and to point the moral accordingly.

During the year, the Council approved the registration under ection 126 of the Corporation Act, 1931, of 5 manufacturers and vendors. The following Table shows the number of premises the register as compared with the two preceding years.

Type of Registration	1946	1947	1948
Manufacturers ...	41	46	51
Vendors	69	85	129
TOTALS ...	110	131	180

A total of 805 visits were made to ice cream premises during e year. These do not include visits for the purpose of taking mples.

Seventy-five samples were taken during the year. Details of ese are set out below. The last-mentioned sample was not subcted to a chemical test, but the remainder were all examined emically as well as being submitted to the Methylene Blue duction test. It will be seen that 28 of the samples fell into ovisional Grades 3 or 4, which are unsatisfactory. In all these ses the makers were visited and efforts were made to discover cause of the trouble. This often involved a close examination the methods adopted by the maker, extending to a survey of the ole operation from start to finish. In one case where a series of unsatisfactory samples were obtained, the complete manufacturing process was carefully watched and a number of samples taken as it progressed. (These samples are not included in the appended Table.) From the results of these samples it was possible to localise the source of contamination. The appropriate suggestions were made, and it is gratifying to record that 2 subsequent samples proved to be entirely satisfactory.

Of the 74 samples submitted to chemical analysis the average fat content was 3.66 per cent. This represents a distinct improvement on the corresponding figure for 1947. It is likely that this improvement is attributable to trade competition as much as to other causes.

During July, the Health Committee resumed its pre-war practice of delegating a sub-Committee to inspect ice cream premises in the Borough. Eleven premises were visited, representing various methods of manufacture, and the sub-Committee was good enough to express its satisfaction with what it saw.

The Health Committee also gave consideration to the sale of ice cream from box-tricycles. The condition of some of these vehicles and the conditions under which ice cream was retailed in the streets was not considered to be entirely satisfactory, and the Committee made certain conditions applicable to all box-tricycles. These related to the provision of overhead coverings, washing facilities and properly constructed receptacles for biscuits and serving implements. It is hoped that these conditions will result in an improvement of the sale of ice cream in the open air.

It is perhaps unfortunate that, as yet, no standards have been applied to ice cream, notwithstanding the wide powers conferred upon Local Authorities by the Regulations. There is evidence that the trade is becoming increasingly alive to the desirabilty of improving the quality of its product, but, even allowing for this, there is little doubt that the introduction of a reasonable standard would greatly assist the implementation of the current Regulations, both by the Authorities and by the trade itself.

In the Table of samples appended an adequate commentary on the lack of a standard is to be found in the remarkable variation in the percentage fat contents and in the equally wide difference in the percentages of total solids. It is also interesting to note the relation between the chemical and the bacteriological results of certain samples. Nos. 37, 42 and 59 are examples of excellent chemical results spoilt by, poor bacterial conditions. Nos. 9, 21, 26, 45, 49, 55, 66, and 68, on the other hand, represent the opposite state of affairs, where a good bacterial condition is marred by poor chemical results. A study of these results prompts the comment that both chemical and bacteriological standards are desirable and that the one is of little use without the other.

ICE CREAM SAMPLES—1948

No.	Provisional Grade — Meth. Blue Test	Percentage Fat	Percentage Total Solids	Boric Acid	Starch
1	2	7.4	—	A	—
2	2	1.7	—	A	—
3	1	2.6	—	A	—
4	1	3.1	—	A	—
5	1	4.4	—	A	—
6	2	4.5	—	A	—
7	1	7.9	—	A	—
8	2	1.1	—	A	—
9	1	2.0	—	A	—
10	1	10.2	—	A	—
11	1	8.5	—	A	—
12	4	4.5	19.6	A	P
13	1	2.3	22.18	A	P
14	1	3.4	25.99	A	P
15	1	6.0	26.46	A	P
16	1	3.2	21.53	A	P
17	1	7.4	31.34	A	P
18	3	No Chemical Analysis			
19	1	No Chemical Analysis			
20	1	2.8	20.4	P	P
21	1	1.7	17.3	Trace	P
22	2	2.3	24.3	A	P
23	4	3.1	21.8	A	P
24	1	6.4	30.7	A	P
25	1	3.4	25.6	A	P
26	1	0.3	22.4	A	P
27	1	1.1	21.8	Trace	P
28	4	4.5	24.3	A	P
29	1	2.6	18.2	Trace	P
30	1	4.8	27.2	P	P
31	1	8.2	32.7	Trace	P
32	1	3.12	17.7	P	P
33	4	4.26	23.1	A	P
34	4	1.14	20.1	A	P
35	4	3.97	31.7	A	P
36	4	3.97	21.7	A	P
37	4	6.81	30.5	A	P
38	4	2.84	21.3	A	P
39	4	3.41	18.6	P	P
40	4	3.12	21.6	P	P
41	1	10.78	35.0	A	P
42	4	7.38	28.4	P	P
42	4	2.84	17.1	P	P
44	3	3.0	28.3	P	P
45	1	1.7	21.2	P	P
46	4	2.6	21.3	P	P
47	2	0.3	22.7	P	P
48	3	2.0	22.6	A	P
49	1	0.9	20.2	A	P
50	4	4.3	26.7	A	P

Ice Cream Samples—1948 *(continued)*

No.	Provisional Grade — Meth. Blue Test	Percentage Fat	Percentage Total Solids	Boric Acid	Starch
51	4	4.5	18.1	P	P
52	1	4.0	22.1	P	P
53	1	3.4	21.3	A	P
54	3	3.0	20.8	A	P
55	1	1.4	14.4	A	P
56	3	4.3	27.06	A	Trace
57	2	2.8	22.7	P	P
58	2	1.7	22.2	P	P
59	4	8.5	31.0	P	P
60	3	5.4	29.1	A	P
61	3	4.0	14.9	A	P
62	3	3.4	18.8	Trace	P
63	4	3.4	27.8	A	Trace
64	1	3.4	19.3	Trace	P
65	3	2.3	22.2	Trace	P
66	2	0.3	24.9	Trace	P
67	1	7.9	31.6	P	P
68	1	1.1	21.26	Trace	P
69	1	2.0	24.31	Trace	P
70	1	3.4	25.34	P	P
71	1	4.0	25.9	P	P
72	1	3.7	24.24	A	P
73	4	4.3	19.42	Trace	P
74	1	2.6	19.37	Trace	P
75	1	No Chemical Analysis			

NOTES.—Of the 75 samples taken, 47 (or 62.6 per cent.) satisf the Methylene Blue test.

Under the headings “ Boric Acid ” and “ Starch ” t letter “ A ” signifies absent, the letter “ P ” signi present.

Sample No. 75 was a chocolate-coated bar.

HAIRDRESSERS' PREMISES

Under Section 53 of the Southampton Corporation Act, 19 all hairdressers' premises are registerable with the Council and subject to inspection. Byelaws have been made under the secti a copy of which must be exhibited in all registered premises. Byelaws relate, in the main, to the cleanliness and maintenance equipment, provision of clean towels, etc. These shops are, course, also subject to inspection under the Shops Acts, 1912–19

It may safely be said that since the end of the war the stand of hygiene in hairdressing establishments has greatly improv This is in a large part due to the attention given to the matter ne trade associations, not only for its own sake, but also because f some disquiet occasioned by the influx into the trade of a number f untrained, or semi-trained, operators. An evidence of this con- ern was provided during the year by the issue, jointly by the ncorporated Guild of Hairdressers, the National Hairdressers ederation, the Hairdressers Registration Council and other major airdressing organisations, of a Code of Hygiene. This Code, it is interest to note, followed very closely the Byelaws made under ne Southampton Corporation Act. It was submitted to the inistry of Health and all members of the trade associations oncerned were asked to accept it.

During the year, 84 visits were made to hairdressers' premises nder the Corporation Act, in addition to visits paid under the Shops cts. It is pleasing to record that in the course of these inspections tle cause for complaint was found.

Some difficulty was experienced in dealing with a few cases nere hairdressing was being carried on in private houses. Such ses are not easy to discover, especially as in some instances the siness is more or less clandestine, as being in opposition to the tablished shop businesses. It is found that in the majority of ese cases neither the Shops Acts nor the Corporation Act is being operly observed and warnings have had to be given. The result s been that where the occupier has been unwilling or unable to ing his premises into a condition which would justify registration der the latter Act the business has had to be discontinued.

FOOD PREMISES— FRIED FISH SHOPS, RESTAURANTS, ETC.

All food premises are subject to inspection under Section 13 of Food and Drugs Act, 1938. This section regulates with some gree of exactitude the conditions applicable to all rooms used for preparation for sale, or sale, or exposure for sale, or storage for e of any food other than milk. The Act came into operation on 1st October, 1939, and it is hardly surprising that its effects re not felt until after the war. Its usefulness, however, is be- ning increasingly more apparent, especially in view of the ominence of the clean food movement. In addition, the public becoming more and more inclined to evince a desire to know at goes on " behind the scenes " in those places where their food ought or eaten.

It may be said that, in the case of restaurants in particular, standard of those opened since the war is greatly in advance of ny of those already existing. For this there is much to be nkful for in the attitude of the Ministry of Food authorities in hholding permits until the proposed premises have been inspected and passed by the local Health Department. The same rule applied to proposed new fried fish shops and certain other foo establishments. The result is that any new premises can be brough to a satisfactory condition before the commencement of the bus ness. This represents a very considerable facilitation of th administration of the Food and Drugs Act and every possib advantage has been taken of it.

Notwithstanding the foregoing, much remains to be done i bringing the standard of food establishments up to a level con patible with modern ideas of food hygiene, and the year has see an intensification of the application of the relevant legislation. hundred and four visits have been made to fried fish shops ar 459 to restaurant kitchens. These visits do not include those mac to premises for the purpose of advising prospective occupiers of tl work considered necessary before they can be used for the prepar tion or sale of food. In addition, several premises have been visite at the request of the occupiers, for the purpose of talking to tl staffs on elementary food and personal hygiene, for even in the be of conditions the employer is at the mercy of a careless staff. Tl education of the public and of food-handling staffs is an essenti part of the campaign to improve food hygiene and every oppo tunity will continue to be taken to pursue this matter with t utmost vigour.

THE SOUTHAMPTON CLEAN FOOD GUILD

Since the end of the war, the matter of clean food has receiv progressively increasing attention in official quarters. Vigoro methods of propaganda and publicity have been undertaken wi a view to focussing the interest of the food trades and the pub on the need for improved food hygiene. War conditions result in a great extension of communal feeding and large numbers people took their meals away from home in canteens, restaura and the like. Unfortunately, the increase in dining-out has be accompanied by a significant rise in the known cases of food drink infections.

The incidence of food poisoning, in various forms, has stim lated the efforts to get to grips with the problems of food hygie and the Ministry of Food and the Ministry of Health have bo given their support to a movement to secure safer and cleaner fo and to make the food-handler and the public " clean food consciou The Central Council for Health Education, which has been ve active in promoting the formation of Clean Food Associations, h a conference in 1947, which was attended by representatives of two Ministries, Local Authorities and other interested bodies.

his conference, practical suggestions were formulated as to the teps which could be taken to deal with the problem.

In September, 1948, a public meeting was called at the Civic entre. It was attended by representatives of the Food Trades ssociations, individual traders and members of the general public nd was addressed by the Chairman of the Health Committee and e Medical Officer of Health. The clean food problem was put efore the meeting and the formation of a local organisation to pro- ote cleaner and safer food was suggested. The upshot of the eeting was the election of a Committee to form such a body.

From this beginning has emerged the Southampton Clean Food uild, which is a completely independent body enjoying the sup- ort of the Food Trade Associations in the area and of the Borough ouncil. It is run by an Executive Committee of twenty members, ho, in the main, are accredited representatives of the food trade ganisations, the Borough Council, the Health Department staff d the Multiple Stores. The Guild has as its President the Chair- an of the Health Committee. The Executive Committee meets regular intervals. It is formulating Codes of Practice for the rious food trades and conditions of membership. It is the inten- on to devise a Certificate of Membership for exhibition on members' emises, and it is hoped that this Certificate will become a familiar ght in the town.

It is very much to be hoped that the Clean Food Guild will ake a substantial contribution to the development of clean and fe food handling and that it will receive the support of the public d every responsible food trader in the Borough.

SUPERVISION AND INSPECTION OF MEAT AND OTHER FOODS, SAMPLING FOOD & DRUGS ACT, MILK SPECIAL DESIGNATIONS, etc.

In carrying out the inspection of foods, the following visits were de to premises where food is prepared, stored or sold, viz. :

1,046	visits were	made to	Slaughterhouses.
188	,,	,,	Butchers' Shops.
2,283	,,	,,	Miscellaneous Premises.
133	,,	,,	Dairies and Cowsheds.

UGHTERING AND TRANSPORT OF MEAT

16,175 animals were slaughtered—details are shown later. ughtering has been carried out in two slaughterhouses during year 1948, often in very congested and unsatisfactory conditions.

Transport of small carcases, i.e. mutton, veal and pork, is now satisfactory, these carcases being hung on hooks. The practice o transporting soft, unwrapped, home-killed quarters of beef, however, is far from satisfactory. The most satisfactory method woul be the equipping of the transporting vehicles with rails for the hanging of quarters of beef. At the present time, the quarters are stacke upon the floor. When the time for unloading comes, these quarter are too heavy for a man to lift from the floor and consequently the are dragged out. Needless to say, the floor of the van has bee soiled by the boots of the man when loading and unloading th vehicle.

It will also be realised that the meat loaded first is stacked a the front of the lorry, it is buried all day by the other meat, an removed last from the lorry. In summer months this very muc worsens the condition of the meat before delivery.

FOOD UNFIT FOR HUMAN CONSUMPTION

Meat and other foods owned by the Ministry of Food an found to be diseased or unwholesome are taken over by anoth Department of the Ministry for salvage purposes.

All other foods are, if suitable, salvaged and treated at t Corporation's Concentrator Plant for pig and poultry feeding.

It was not necessary in any instance to make a "Seizure" food

Diseased and Unsound Meat

The following carcases, parts of carcases and organs were four to be unfit for human consumption on account of disease or oth reasons. Details of the various kinds of animals, and the percenta affected by disease, follow this Summary in a tabulated form.

Beef :	122 Whole Carcases.	65 Quarters.
	1,598 Livers.	1,079 Lungs.
	402 Hearts.	201 Skirts.
	538 Heads and Tongues.	277 Spleens.
	144 Mesenteries.	163 Tripes.
	122 Tails.	33 Kidneys.
Pork :	8 Whole Carcases.	4 Quarters.
	12 Heads.	44 Plucks.
Mutton :	7 Whole Carcases.	6 Quarters.
	757 Plucks.	
Veal :	10 Whole Carcases.	17 Plucks.

	tons	cwts.	lbs.
Veight of meat condemned in slaughterhouses	32	19	102
Veight of offal condemned in slaughterhouses	26	11	19
Jnsound or damaged meat condemned in shops and stores (includes imported meat) ...	4	17	40
TOTAL (meat and offal) ...	64	8	49

		Steers, Heifers & Bulls	Cows	Sheep & Lambs	Calves	Pigs, Sows & Boars
nber of animals killed ...		2,579	1,534	8,375	3,217	470
nber inspected		2,579	1,534	8,375	3,217	470
ll diseases EXCEPT berculosis	Whole carcases condemned ...	6	10	7	9	6
	Carcases of which some part or organ was condemned ...	625	427	766	8	23
centage affected		24.46	28.48	9.22	0.52	6.17
berculosis ONLY	Whole carcases condemned ...	18	86	—	1	2
	Carcases of which some part or organ was condemned ...	313	385	—	1	12
centage affected		12.83	30.70	—	0.06	2.95

The following articles of food, by reason of decomposition or nage, were found to be unfit for human consumption, and were untarily surrendered and salvaged when suitable for pig or ltry feed. Butter, margarine, lard and cheese were returned to olesalers in accordance with a Ministry of Food instruction.

AT AND MEAT PRODUCTS :

14½ lbs. Bacon.
84 lbs. Cooked Meat.
545½ lbs. Sausages.
224 lbs. Pork Bones.

Weight : 1,368 lbs.

LTRY, EGGS, RABBITS, ETC. :

10½ lbs. Poultry & Ducks
42 lbs. Yeast.
84 lbs. Creaming Compnd.
40 lbs. Cooking Oil.
1,370 Shell Eggs.
224 lbs. Sausage Rusks.
3,326 lbs. Rabbits.
33 lbs. Whale Meat.

Weight : 4,230 lbs.

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GROCERIES, CONFECTIONERY, ETC. :

193¾ lbs. Margarine.
112 lbs. Butter.
401 lbs. Cheese.
2,889 lbs. Biscuits.
28¾ lbs. Tea.
45 lbs. Cake.
26 lbs. Puddings.
14 lbs. Dried Eggs.
112 lbs. Dried Milk.
279¾ lbs. Chocolate & Sweets
45 packets Dried Herbs.
153 packets Soup Powder

216½ lbs Cake & Pudding Mixtu
148 lbs. Flour.
46,157 lbs. Bread.
91 lbs. Custard Powder.
176 lbs. Tapioca.
3,253½ lbs. Cereals.
3,574½ lbs. Dried Fruits.
164 lbs. Malt.
201 lbs. Sugar.
99¼ Mixed Groceries.
67 bottles Coffee Essence.
578 bottles Pickles and Sauc

Weight : 58,997 lbs.

VEGETABLES AND FRUIT :

5 cwt. Cauliflower.
4 cwt. Potatoes.
405 lbs. Potato Powder.
756 lbs. Dried Peas.

489 lbs. Tomatoes.
1,323 lbs. Pears.
30 lbs. Cherries.
36 lbs. Peaches.

Weight : 4,047 lbs.

CANNED GOODS :

5,004 tins Milk.
13,563 ,, Vegetables.
2,664 ,, Fish.
603 ,, Jam.
56 ,, Sausage Meat.
384 ,, Roll, Galatines, etc.
7 ,, Rabbit.

2,802 tins Meat.
4,232 ,, Fruit.
954 ,, Soup.
1,899 ,, Paste.
23 ,, Puddings.
3 ,, Mincemeat.
7 ,, Unidentified.

Weight : 32,442 lbs.

FISH :

126 st. Codfish.
32 st. Megrims & Witches.
10 st. Bream.
45½ st. Whiting
89 st. Dogfish.
40 st. Coalfish.
762 st. Herrings.
132 st. Haddock (wet).
108¾ st. Roes.
106 st. Mixed Fish.
40 st. Whelks.
222 lbs. Crabs.

805½ st. Fillets.
514½ st. Kippers.
111½ st. Dry H'dock & Codli
117 st. Bloaters.
96 st. Plaice, Soles, etc.
160½ st. Skate.
20 st. Hake.
529 st. Mackerel.
16 st. Sprats.
188¼ st. Shrimps & Prawns.
394 lbs. Lobsters.

Weight : 57,309 lbs.

TOTAL WEIGHT OF FOOD, including diseased and unsound meat offal found to be unfit for human consumption :—
135 tons 2 cwt. 74 lbs.

ICE CREAM SAMPLING

Seventy-two samples were chemically examined, with the wing results, viz. :—

10 samples contained 7 per cent. to 10.78 per cent. fat.
4 samples contained 5 per cent. to 7.00 per cent. fat.
13 samples contained 4 per cent. to 5.00 per cent. fat.
26 samples contained 2.5 per cent. to 4.0 per cent. fat.
19 samples contained less than 2.5 per cent. fat.

average fat content of the seventy-two samples examined was per cent.

Eighty samples were subjected to the Methylene Blue Reduction and placed in the following Provisional Grades, viz. :—

42 in Grade 1. 10 in Grade 2.
9 in Grade 3. 19 in Grade 4.

Ten of twelve samples placed in Grade 4 were taken the same and it is noted that five of eight samples of Pasteurised Milks nined during the same week in which these Ice Cream Samples taken (29th July to 5th August) also failed to pass the Methy- Blue Reduction Test.

MILK

During 1948, 4 cowkeepers and 14 dairies were registered within Borough. One cowkeeper produced and bottled Tuberculin ed (Certified) Milk, but ceased production and removed his to another part of the country at the end of 1948.

The remaining 3 cowkeepers produced ungraded milk, the e of which is pasteurised by local dairy firms. There are steurising Plants and 2 " Heat Treatment " Plants in operation.

Practically all milk retailed within the Borough is either rculin Tested (Certified) or has been subjected to a satisfactory Treatment.

Five hundred and seven milk samples were examined, viz :—

272 were subjected to chemical examination.
235 were subjected to Bac. Coli., Methylene Blue Reduction and Phosphatase Tests.

The average fat content of the 272 samples examined was per cent.

MILK SPECIAL DESIGNATIONS ORDERS 1936–46, AND "HEAT TREATED MILK"

The following licences were granted by the Local Authorit viz. :—

1 Licence to produce and bottle Tuberculin Tested Milk.
6 Licences to produce Pasteurised Milk.
4 Dealer's Licences to use the designation Tuberculin Teste
1 Dealer's Licence to use the designation Pasteurised.
1 Supplementary Licence to use the designation Pasteurise
1 Supplementary Licence to use the designation Tubercul Tested.

A total of 235 samples were examined at the Public Heal Laboratory, Kings Park Road ; details follow.

Tuberculin Tested Milk (Certified). 56 samples were examined

7 failed to pass both B. Coli and Methylene Blue Reducti Test.
6 failed to pass B. Coli Test, but passed the Methylene Bl Reduction Test.
1 failed to pass Methylene Blue Reduction Test, but pass the B. Coli Test.

Total 14 samples did not completely satisfy the prescrib conditions.

Pasteurised Milk. 147 samples were examined—

2 failed to pass the Phosphatase Test, but passed Methylene Blue Reduction Test.
13 failed to pass the Methylene Blue Test, but passed Phosphatase Test.

Total 15 samples did not completely satisfy the prescri conditions.

Heat Treated Milk. 32 samples were examined—

1 failed to pass the Phosphatase Test, but passed Methylene Blue Reduction Test.
1 failed to pass the Methylene Blue Reduction Test, passed the Phosphatase Test.

Total 2 samples did not comply with the full requirements passing both Tests.

SAMPLING—FOOD & DRUGS ACT, 1938

During the year, 564 samples were obtained for analysis the Public Health Analyst. Eight prosecutions were institu six convictions were obtained and two cases were dismissed.

A Table showing the number of each article taken, and whe satisfactory or otherwise, follows. A Summary of the unsatisfac samples, together with action taken, also follows.

No. of Samples Taken	Article	* S.	* N.S.	No. of Samples Taken	Article	* S.	* N.S.
5	Baking Powders	5	—	1	Indigestion Tablets	1	—
3	Bismuth Tablets	2	1	72	Ice Cream	72	—
6	Butter	6	—	1	Isinglass	1	—
1	Canned Meat Roll	1	—	6	Jam	6	—
6	Canned Vegetables	6	—	3	Liquorice Powder	3	—
6	Cooking Fat	6	—	6	Margarine	6	—
7	Cough Mixture	5	2	272	Milk	242	30
6	Camphorated Oil	6	—	2	Meat Paste	2	—
2	Cake Mixture	2	—	1	Ointment (Chilblain)	1	—
6	Cake	6	—	3	Olive Oil	3	—
6	Coffee (Ground)	6	—	6	Pudding Mixture	6	—
10	Coffee and Chicory Extract	7	3	3	Parish's Food	3	—
2	Calcium Lactate Tablets	2	—	6	Pepper	6	—
3	Cod Liver Oil and Malt	3	—	10	Sausages and Sausage Meat	3	7
3	Easton's Syrup	3	—	1	Sodium Citrate	1	—
6	Fruit Flavouring	6	—	4	Sauces	4	—
6	Fish Paste	6	—	9	Soft Drinks	9	—
5	Gelatine	5	—	6	Seidleitz Powders	5	1
3	Golden Raising Powder	3	—	6	Saccharine Tablets	6	—
6	Ginger (Ground)	6	—	7	Tincture of Iodine	6	1
6	Gravy Powder	6	—	1	Throat Lozenges	1	—
3	Gravy Cubes	3	—	6	Tomato Ketchup	6	—
3	Hydrogen Peroxide	3	—	6	Vinegar	6	—
3	Health Salts	3	—	1	Yeast Extract	1	—
6	Curry Powder	6	—	6	Pickles	5	1

* " S."=Satisfactory.

* " N.S."=Not Satisfactory.

SUMMARY OF UNSATISFACTORY SAMPLES

No. of Sample in Register	Informal or Formal	Article	Result of Analysis and Remark
3	F.	Milk	Fat 3.65%, Non Fat Solids 8.3 i.e. 2.3% added water.
4	F.	Milk	Fat 4.10%, Non Fat Solids 7.9 i.e. 6.5% added water. The above 2 samples were ta from 2 churns sent in by the s farmer as one consignment. W ing letter sent.
5	I.	Milk	Fat 3.40%, Non Fat Solids 8.1 i.e. 4.3% added water. This sample was taken fro retailer.—*See* Formal Samples 29 taken in transit from farme retailer.
16	F.	Milk	Fat 3.10%, Non Fat Solids 8.0 i.e. 5.5% added water.
17	F.	Milk	Fat 3.10%, Non Fat Solids 8.2 i.e. 2.9% added water.
18	F.	Milk	Fat 2.9%, Non Fat Solids 8.0 i.e. 5.0% added water, also 3 deficient in fat.
19	F.	Milk	Fat 3.2%, Non Fat Solids 8. i.e. 5.6% added water.
20	F.	Milk	Fat 3.05%, Non Fat Solids 8. i.e. 3.1% added water.
21	F.	Milk	Fat 3.20%, Non Fat Solids 8. i.e. 3.7% added water.
22	F.	Milk	Fat 3.10%, Non Fat Solids 8. i.e. 3.4% added water.
24	F.	Milk	Fat 3.20%, Non Fat Solids 8. i.e. 4.1% added water.
26	F.	Milk	Fat 3.60%, Non Fat Solids 8. i.e. 3.5% added water.
27	F.	Milk	Fat 4.10%, Non Fat Solids 8. i.e. 2.2% added water.
28	F.	Milk	Fat 4.0%, Non Fat Solids 8. i.e. 4.9% added water.
29	F.	Milk	Fat 3.60%, Non Fat Solids 8. i.e. 1.7% added water. These Samples No. 16–29 taken from one consignment o same day from a farmer to a The Prosecuting Solicitor de to take proceedings on one sa only, viz. No. 16. The farme fined £2.
30	I.	Influenza Essence (Cough Mixture)	According to the formula o label it was deficient in sug *See* Sample No. 108.

ummary of Unsatisfactory Samples—(*continued*)

No. of ample in egister	Informal or Formal	Article	Result of Analysis and Remarks
51	I.	Milk	Fat 2.75%, Non Fat Solids 8.65%, i.e. 8.3% deficient in fat. This was one of a consignment of 7 churns in transit from a farmer, the average contents of the 7 churns was 3.60% fat. No action.
108	F.	Influenza Mixture	The label on the bottle stated that the mixture contained 10% sugar. It was totally deficient in sugar. The label has now been amended.
120	I.	Seidlitz Powder	This sample had been exposed to moisture and had deteriorated. The shop proprietor's attention was drawn to its condition. The existing stock was destroyed, as it was useless.
79	I.	Pork Sausage Meat	36.8% deficient in meat content.—*See* Formal Sample No. 209.
81	I.	Pork Sausages	43.1% deficient in meat content.—*See* Formal Sample No. 210.
09	F.	Pork Sausage Meat	31.2% deficient in meat. Prosecution followed, and defendant was fined £5.
10	F.	Pork Sausage Meat	28.0% deficient in meat. Prosecution followed, and defendant was fined £10.
30	I.	Milk	Fat 2.35%, Non Fat Solids 8.69%, i.e. 21.6% deficient in fat. Subsequent Formal Samples were all satisfactory.
36	I.	Bismuthated Magnesia Tablets	There was a discrepancy in the contents of the tablets and the formula on the label. Letter from M.O.H. to proprietor.
37	F.	Beef Sausage Meat	48.0% deficient in meat content. Prosecution followed. The proprietor of the business and the shop manager were each fined £5.
4	I.	Milk	Fat 2.95%, Non Fat Solids 8.12%, i.e. 1.6% deficient in fat and 4.4% added water.—*See* Formal Samples No. 247 and 248.

Summary of Unsatisfactory Samples—(*continued*)

No. of Sample in Register	Informal or Formal	Article	Result of Analysis and Remarks
247	F.	Milk	Fat 2.60%, Non Fat Solids 9.01% i.e. 13.3% deficient in fat.
248	F.	Milk	Fat 2.60%, Non Fat Solids 9.01% i.e. 13.3% deficient in fat. The above 2 samples were two 9 samples taken from a consig ment sent in by a farmer on t same day. The average fat co tent of the 9 samples was 3.09 A prosecution was instituted rega ing Samples No. 247 and 248, b in both cases they were dismisse
259	F.	Beef Sausage Meat	43.0% deficient in meat content. prosecution followed—the defen ant was fined £4.
264	F.	Milk	Fat 2.8%, Non Fat Solids 8.85 i.e. 6.6% deficient in fat. T sample was one of 5 samples tak from a consignment of 5 chu sent in by a farmer. The avera fat content of the 5 samples 3.29%. A warning letter was s to the farmer.
281	I.	Milk	Fat 2.90%, Non Fat Solids 8.85 i.e. 3.3% deficient in fat. S sequent Formal Samples w satisfactory.
282	F.	Pork Sausages	23.8% deficient in meat. defendant availed himself Section 83, and the wholesaler fined £10 and 5 guineas costs. wholesaler lodged an appeal, wh was heard at the Quarter Sessi At the hearing of the appeal at Quarter Sessions the Recor found in favour of the Appella and granted costs.
283	I.	Milk	Fat 3.3%, Non Fat Solids 7.9 i.e. 6.7% added water.
284	I.	Milk	Fat 3.6%, Non Fat Solids 8. i.e. 5.8% added water.
285	I.	Milk	Fat 3.55%, Non Fat Solids 8.1 i.e. 4.1% added water. These 3 samples were taken school. Subsequent Formal Sam were satisfactory.

ummary of Unsatisfactory Samples—(*continued*)

No. of ample in egister	Informal or Formal	Article	Result of Analysis and Remarks
317	I.	Milk	Fat 3.3%, Non Fat Solids 7.96%, i.e. 6.3% added water. Subsequent Formal Samples were satisfactory.
433	I.	Sweet Pickle	Found to be out of condition. An examination of the remainder of the stock revealed nothing abnormal.
468	F.	Milk	Fat 2.95%, Non Fat Solids 8.42%, i.e. 1.6% deficient in fat. Freezing-point test indicated 5.4% added water.
469	F.	Milk	Fat 3.70%, Non Fat Solids 8.73%. Freezing-point test indicated 2.6% added water.
470	F.	Milk	Fat 4.0%, Non Fat Solids 8.41%. Freezing-point test indicated 1.5% added water. These 3 samples were from a consignment sent in by a farmer on the same day. Warning letter sent to farmer.
72	F.	Milk	Fat 2.95%, Non Fat Solids 9.24%, i.e. 1.6% deficient in fat. This was one of 2 samples taken in transit from a farmer on the same day. The average fat content of the 2 samples was 3.10%. No action taken.
00	I.	Coffee and Chicory Extract	44% deficient in Caffeine.
32	I.	Ditto	36% ditto.
58	F.	Ditto	17% ditto. The samples were made by the same manufacturer. Taking into consideration the Proviso relating to the amount of roasted coffee used in the manufacture of the liquid, the manufacturer's explanation was accepted.
30	I.	Tincture of Iodine	140% excess of Iodine. Subsequent Formal Samples were satisfactory; also, an investigation was made by the chemist who sold the sample.

The following miscellaneous articles were submitted fc examination for various reasons, i.e. complaints received, guidanc of Food Inspectors, etc. :—

No. of Samples Examined	Article	Result of Examination
1	Portion of Bovine Spleen	Examined for the negation of Anthra Negative result.
3	Apple Pulp	Complaint from a cooking centre that it ha an abnormal odour. Analyst reported th the samples contained Sulphur-dioxide in tl following proportion, viz. : 720, 950, 1,2 parts per million respectively. It was advis that the pulp should be well boiled before u in the making of pies.
1	Bread	Complaint that it contained mice " dro pings." Examination revealed Bile and micr scopical characteristics of faecal matt Inspection at the bakehouse revealed presence of vermin.
2	Cakes	(No. 1) Complaint that cake was sour. was very stale and slightly rancid. (No. 2) Complaint that cake caused vomiti Chemical and Bacteriological examinatio were made. Nothing was found to account the symptoms of the complaint.
1	Cocoa	Complaint that cocoa was musty. Nothi abnormal found.
1	Canned Mussels	Complaint about the colour. Nothing abnorn was found to warrant condemnation.
1	Canned Tomato	Complaint of metallic taste. Analyst fou 1.6 grains of tin per 1 lb. This was not c sidered to be excessive.
1	Canned Brawn (Opened Tin)	Heavy-growth B. Coli found.
1	Canned Beans	A large number of tins when opened were fou to contain dead insects. They were part o consignment of 60 cases supplied by Ministry of Food to a restaurant. Obviou the beans were infested before canning. whole consignment was later used for ani feeding.
1	Canned Milk	Contents of tin were in a " lumpy " condit and soured quickly. Stock condemned.

ist of Samples Analysed for Various Reasons—(*continued*)

No. of Samples xamined	Article	Result of Examination
4	Canned Mutton	Complaints were received that it had a taste reminiscent of disinfectant. Four samples were examined by the Analyst, who reported the absence of Iodine, Chlorine, and Phenols. He could find nothing by chemical examination to account for the abnormal smell or flavour. Samples were also examined by the Bacteriologist. These samples yielded no growth of Dysentery, Salmonella, or Enteric organisms. Hundreds of pounds of this meat had been consumed, but no known ill effects had occurred. The abnormal flavour was readily detected by some but not by others.
4	Dried Egg	(No. 1) This sample had been kept for a long time in a private house. Bacteriologist reported that if cooked immediately it would be fit for consumption. (No. 2) Complaint that it contained minute black specks. The Analyst stated that the article was not unfit for consumption. (No. 3) Similar to No. 2 Sample. Nos. 2 and 3 were also submitted to a Bacteriological examination. It was reported that they were fit for consumption if well cooked.
1	Date Paste	Complaint that it was "gritty." Examination revealed that the grit was crushed date stones.
2	Meat Pie	(No. 1) Complaint received that it had caused vomiting and diarrhoea. Bacteriological examination revealed nothing to account for these ill effects. (2) A purchaser of this pie thought that a piece of the contents was a rat's foot. It was definitely not an animal's foot. It was probably a piece of gristle or hard-cooked skin.
7	Milk	(No. 1) Complaint about dirty milk bottle. Mouldy-looking patches were seen on the inside of the bottle. They could not be washed off but were scraped away. The milk content of the bottle satisfied the requirements of Pasteurised Milk. (No. 2) Complaint that milk was thin. It was 16.6% deficient in fat. It was an "opened" bottle when received. A subsequent Formal Sample taken at the time of delivery at complainant's house proved to be satisfactory. (No. 3) Bacteriological examination following a case of Typhoid. Negative result. (No. 4) Similar to No. 3.

List of Samples Analysed for Various Reasons—(*continued*)

No. of Samples Examined	Article	Result of Examination
		(No. 5) Complaint that milk was of poor quality. Result of analysis: Fat 3.75%, Non Fat Solids 8.68%. (No. 6) Complaint about dirty milk bottle. Found to be mould growths on inside of bottle. (No. 7) Complaint that milk was of poor quality. Result of analysis: Fat 3.70%, Non Fat Solids 9.41%.
3	Milk Powder	These 3 samples were taken from different parts of a 1-cwt. container. They were "lumpy" and discoloured. The whole contents of the container were considered to be unfit for culinary purposes.
1	Nut Cream	Complaint that Nut Creams were contaminated by paraffin. Samples taken at the shop where purchased were examined. Nothing abnorma found.
2	Pudding Mixture	(No. 1) It was old stock, and found to be infested with small insects. The stock was condemned. (No. 2) Similar to No. 1.
1	Pressed Beef	Complaint that it tasted of Carbolic Acid. I was examined for Phenols. Negative result.
2	Sugar	(No. 1) One packet of Sugar—found to b contaminated by vermin urine. (No. 2) About 28 lb. found to have an odou reminiscent of Carbolic Soap. It was considered unfit for domestic use.

SLAUGHTER OF ANIMALS ACT

Eleven Licences to slaughter and stun animals were granted during the year.

PUBLIC HEALTH (Shellfish) REGULATIONS

No known infringement of the Regulations occurred durin the year.

FERTILIZER AND FEEDING STUFF ACT

Seven Informal samples were procured and submitted fc analysis. All samples complied with the guarantee.

County Borough of Southampton

ANNUAL REPORT

ON THE

HEALTH

OF THE

PORT OF SOUTHAMPTON

For the Year 1948

BY

H. C. MAURICE WILLIAMS, O.B.E.

M.R.C.S., L.R.C.P., D.P.H.

Medical Officer of Health

TO THE

County Borough and Port of Southampton

CONTENTS

PAG
Limits of Port Health Authority Area ... 15
Members of Port and Public Health Committee 16
Port Health Staff 16
Preface 16
I. Shipping Entering Port 16
II. Character of Trade of Port; Inspection of Aliens 16
III. Water Supply 16
IV. Port Health Regulations, 1933–1945 17
V. Measures against Rodents 18
VI. Hygiene of Crew Spaces 18
VII. Food Inspection 19
VIII. Parrots (Prohibition of Import) Regulations 20
IX. Dangerous Drugs 20
X. Southampton Airports 20
XI. Summary of Inspections 20

LIMITS OF PORT HEALTH AUTHORITY AREA

The Port and Harbour of Southampton are controlled by the
uthampton Harbour Board as constituted by the Southampton
arbour Act, 1913.

The Port Health Authority, which was permanently constituted
an Order of the Local Government Board, dated 8th June,
93, is " the Mayor, Aldermen and Burgesses of the Borough of
uthampton acting by the Council." It exercises Port functions
waters abutting upon the County Borough of Southampton, the
ban Sanitary District of Fareham, and the Rural Districts of
w Forest, Romsey and Stockbridge, and Winchester.

Since the first day of October, 1935, when the Southampton
rt Sanitary Order, 1935, came into force, the Southampton Port
nitary Area was further increased, and the Mayor, Aldermen,
d Burgesses acting by the Council are constituted permanently
Port Sanitary Authority for the district. The new area is now
ined :—

> A straight line from Stone Point to East Lepe Buoy, thence in a straight line to Gurnard Ledge Buoy, thence in a straight line to a point one cable north of Egypt Point, thence in a straight line to Prince Consort Shoal Buoy, thence in a straight line to Old Castle Point, thence in a straight line to the most northerly point of Ryde Pier, thence in a straight line to the junction of the Western and Southern Boundary of the Portsmouth Port Sanitary Authority, thence in a straight line to the most southerly point of the Pier of the British Railway at Stokes Bay, thence in a straight line to the Lee Point Sewer Buoy, thence in a straight line to Hill Head ; together with the waters of those parts of the said Customs Ports within such limits, and all docks, basins, harbours, quays, wharves, creeks, rivers, channels, roads, bays, and streams within those parts of the said Custom Ports, and the places which may from time to time be appointed as the Customs boarding station or stations for those parts of the said Customs Ports, and the places for the time being appointed for the mooring or anchoring of ships for those parts of the said Customs Ports under any Regulation for the prevention of the spread of diseases issued under the Authority of the statutes in that behalf and for the purposes of any such Regulations as aforesaid shall also extend to any ship which in pursuance thereof or of any directions given thereunder shall be moored or anchored at the place appointed thereunder as aforesaid, or which shall be on its way thither.

MEMBERS OF PORT AND PUBLIC HEALTH COMMITTEE

Councillor F. Dibben, Mayor.
Alderman Austin.
Alderman Mrs. King, B.A.
Alderman Mrs. Leach.
Alderman W. Lewis.
Alderman Sakoschansky.
Alderman Mrs. Sakoschansky.
Councillor Barendt.
Councillor Mrs. Barker.
Councillor Mrs. Barnard.
Councillor Boyle.
Councillor Mrs. Cawte.
Councillor Dicks.
Councillor Edmunds.
Councillor Mrs. Fletcher.
Councillor Last.
Councillor Mrs. Stonehouse.

STAFF OF THE SOUTHAMPTON PORT HEALTH AUTHORITY

[1] H. C. Maurice Williams, O.B.E., M.R.C.S., L.R.C.P., D.P.H.
Port Medical Officer of Health and Medical Officer of Heal

[1] W. P. Cargill, B.SC., M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H.
Deputy Port Medical Officer of Health and Deputy Medi
Officer of Health.

[1] J. Hamilton, M.B., CH.B., D.P.H.
Assistant Port Medical Officer of Health and Assista
Medical Officer of Health.

[1] S. T. Davies, M.R.C.S., L.R.C.P.
Assistant Port Medical Officer of Health and Assista
Medical Officer of Health.
(Commenced 12th January, 1948. Resigned 22nd Septemb
1948.)

[1] R. L. Vance, M.B., B.CH., B.A.O.
Assistant Port Medical Officer of Health and Assist
Medical Officer of Health.
(Commenced 22nd November, 1948.)

[1] Also acts as Medical Inspector of Aliens.

C. P. C. Parker, Cert. R.S.I., Chief Port Health Inspector.
P. Mansfield, Cert. R.S.I., Food Inspector.
E. Matthews, Cert. R.S.I., Assistant Port Health Inspector.
T. C. H. Rogerson, Cert. R.S.I., Assistant Port Health Inspector.
J. C. Pearson, Cert. R.S.I., Assistant Port Health Inspector.
G. Thompson, Cert. R.S.I., Assistant Port Health Inspector.
(Appointed 1st January, 1948.)
H. P. Bird, Cert. R.S.I., Assistant Port Health Inspector.
(Appointed 7th June, 1948.)
A. E. Gardner, Clerk.

[2] Certificate Naval Architecture.
[3] Board of Trade Master Mariner's Certificate.
[4] Board of Trade Chief Engineer's Certificate.
[5] M.O.W.T. 1st Mate's Certificate.
[6] Certificate, Meat and Foods.

REPORT OF
THE MEDICAL OFFICER OF HEALTH

To the Mayor, Aldermen and Councillors
of the County Borough of Southampton

Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report on the Port lth Service in Southampton for the year 1948.

During the year, 1,035 vessels and 339 flying-boats from ign, and 829 coastwise vessels and 4 flying-boats were dealt These numbers show an increase of 416 and 208 respectively, pared with 1947. The number of vessels re-visited after arrival 2,207, an increase of 925, compared with 1947.

1,872 sanitary inspections of vessels were made, and 594 ances or defects were found on 367 vessels.

The passenger traffic of the Port has shown an increase during year under review. The number of passengers disembarked including members of H.M. Forces or Government sponsored ian passengers) was 271,133, compared with 266,012 for 1947.

The number of aliens inspected by the Medical Inspectors of s was 48,535. Of this number, 1,068 were subjected to a iled medical examination.

The amount of foodstuffs landed at the Port was 273,070 tons; mount of food condemned amounted to 33 tons 10 cwt. 0 qr.

A number of civilian sick were landed from 15 hospital ships, which arrived from Germany and 8 from ports principally in ar and Middle East. Of the many patients landed and dealt with by your officers, 128 required immediate hospital treatme and were transferred to hospitals or institutions. Of this numb 77 arrived from Germany and 51 from other countries.

84,618 troops and military passengers were landed from transports.

During the year, no case of smallpox was landed in the Po This Authority received wireless messages from two vessels indic ing that they had disembarked a case of smallpox en route Southampton. On arrival, the vessels were subjected to the us measures prescribed for such ships.

A patient, thought to be suffering from typhus fever, landed from a vessel which arrived from New York. The pati was removed to the Southampton Isolation Hospital, and surv lance was carried out in respect of all passengers who disembark and proceeded to addresses in this country. After observation was considered that the case was probably one of erythe multiforme.

The terminal base of the air service to Australia, Japan, Inc China, Middle East, South Africa and Europe, which is operated flying-boats controlled by the British Overseas Airways Corpc tion, was, in March, 1948, transferred from Poole to the ne completed Southampton Marine Airport. This airport is a natio aerodrome, and, since 1st April, 1948, the Minister of Health been the responsible authority under the Public Health (Aircr Regulations, 1948. The Health Control is now operated by Council on behalf of the Minister.

Since the inauguration of the Service from Southampton, Council has carried out all of the requirements relating to the hea control of aircraft, passengers and crew arriving at the terminal b

During the period from 31st March, 1948, to the end of year, 339 flying-boats from foreign were dealt with by officer this Authority, and the number of passengers who landed from aircraft was 5,277.

The Council also operated the Health Control at Eastl Airport on behalf of the Minister of Health.

I wish to take this opportunity of thanking the Chairman Members of the Port and Public Health Committee for their sup and also the various Government and Port officials for their operation with the Department.

I am,

Mr. Mayor, Ladies and Gentlemen

Your obedient servant,

Port Medical Officer.

AMOUNT OF SHIPPING ENTERING THE PORT DURING THE YEAR 1948

TABLE A.

	Number	Net Tonnage	Number Inspected		Number reported to be defective	Number of vessels on which defects were remedied	Number of vessels reported as having, or having had, during the voyage infectious disease on board
			By the Medical Officer	By the Port Health Inspector			
M FOREIGN							
eamers	1,487	7,137,852	447	284	117	93	80
otor	598	1,978,909	133	171	52	47	39
iling	—	—	—	—	—	—	—
shing	—	—	—	—	—	—	—
ying-boats	342	—	309	30	—	—	8
l	2,427	9,116,761	889	485	169	140	127
M COASTWISE							
eamers	2,288	684,945	7	467	150	94	1
otor	8,463	1,424,139	—	355	48	30	—
iling	36	3,829	—	—	—	—	—
shing	—	—	—	—	—	—	—
ying-boats	—	—	1	3	—	—	—
l	10,787	2,112,913	8	825	198	124	1
l Foreign oastwise	13,214	11,229,674	897	1,310	367	264	128

E.—Of the 897 vessels visited by the Medical Officer, 21 were boarded by the Medical Officer alone, and 876 were boarded by both Medical Officer and Port Health Inspector.

II. CHARACTER OF TRADE OF PORT

TABLE B.

(*a*) Passenger Traffic during 1948

Number of Passengers	Places out of Europe				Continent of Europe	Channel Islands	Tran migra
	1st Class	2nd Class	Tourist Class	3rd Class			
Inwards ...	41,025	43,419	43,143	2,022	38,390	119,692	5,19
Outwards ...	56,466	59,557	75,436	5,977	30,425	123,958	9.73

The following Table, compiled from information supplied the courtesy of British Railways, Southern Region, Southamp Docks, indicates the volume of passenger traffic during 1948 :—

Country	Passengers Inward	Passengers Outward
Australia and New Zealand	9,277	7,426
Canada	8,161	21,238
Channel Islands	122,314	122,791
China and Japan	1,542	4,191
Dutch East Indies	1,440	1,279
France	24,268	24,564
Germany	—	27
Holland	240	279
India	360	847
Middle East	2,494	1,147
West Africa	59	—
South Africa	23,009	34,667
South America West Indies	2,830	5,289
United States	72,961	90,879
Poland	1,107	1,189
Far East	899	732
Miscellaneous	3	440
Coastwise	169	—
Total ...	271,133	316,985

These figures for inward and outward traffic do not in members of H.M. Armed Forces, or Government sponsored ci passengers.

ARRIVALS OF H.M. TRANSPORTS

Statement showing the number of H.M. Transports which ved in the Port during the year 1948, the ports from which they ved, and the number of military passengers and troops landed outhampton.

Date	Vessel	Whence	Crew	Troops and Passengers
1.1.48	Arundel Castle	Cape	279	2,099
3.1.48	Dilwara	Kure	232	2,133
1.1.48	Taos Victory	Port Said	94	1,365
2.1.48	Empire Deben	Bombay	196	1,252
9.1.48	Otranto	Port Said	352	3,307
2.1.48	Strathnaver	Kure	430	3,009
4.1.48	Empire Windrush	Bombay	220	1,567
1.1.48	Sloterdijk	Batavia	118	1,728
2.2.48	Arundel Castle	Port Said	281	2,084
5.2.48	Georgic	Singapore	399	3,956
9.2.48	Almanzora	Takoradi	294	300
2.2.48	Empire Pride	Singapore	193	2,084
1.2.48	Otranto	Port Said	355	3,906
8.2.48	Indrapoera	Sourabaya	343	1,332
8.2.48	Empire Ken	Karachi	180	1,084
7.3.48	Arundel Castle	Port Said	281	1,673
8.3.48	Dunera	Singapore	240	2,046
8.3.48	Carnarvon Castle	Cape	348	1,202
.3.48	Asturias	Wellington	417	1,552
.3.48	Waterman	Singapore	87	1,225
2.3.48	Otranto	Port Said	356	3,404
7.3.48	Dunnottar Castle	Port Said	241	2,373
.3.48	Atlantis	Wellington	271	619
5.4.48	Georgic	Port Said	397	3,547
1.4.48	Empire Trooper	Bombay	286	1,630
.4.48	Strathnaver	Hong Kong	432	2,370
.4.48	Otranto	Port Said	355	1,779
.4.48	Dilwara	Hong Kong	235	1,569
.5.48	Carnarvon Castle	Cape	348	1,218
.5.48	Empire Deben	Buenos Aires	181	115
.5.48	Winchester Castle	Cape	383	652
.5.48	Dunera	Singapore	175	2,014
.5.48	Arundel Castle	Cape	326	599
.6.48	Strathnaver	Port Said	429	3,090
.6.48	Asturias	Freemantle	443	1,188
.6.48	Winchester Castle	Cape	323	138
.6.48	Carnarvon Castle	Durban	340	1,177
.7.48	Orbita	Shanghai	274	558
.7.48	Empire Ken	Mauritius	181	954
.7.48	Georgic	Kilindini	393	3,481
.7.48	Dilwara	Hong Kong	228	2,022
		Carried forward	11,936	73,401

Date	Vessel	Whence	Crew	Troops and Passenge
		Brought forward	11,936	73,401
11.8.48	Empire Trooper	Buenos Aires	284	291
15.8.48	Winchester Castle	Mombasa	327	796
18.8.48	Empire Deben	Singapore	218	502
20.8.48	Dunera	Singapore	240	1,616
18.9.48	Empire Ken	Mombasa	178	751
23.9.48	Asturias	Sydney	427	676
9.10.48	Empire Deben	Port Said	182	791
12.10.48	Eastern Prince	Port Said	154	213
25.10.48	Empire Windrush	Singapore	216	1,019
4.11.48	Dilwara	Hong Kong	236	919
11.11.48	Empire Trooper	Singapore	287	523
12.11.48	Eastern Prince	Port Said	154	349
27.11.48	Dunera	Singapore	241	819
4.12.48	Empire Ken	Mogadishu	180	957
21.12.48	Eastern Prince	Port Said	152	995
		TOTAL	15,412	84,61

HOSPITAL SHIPS

During the year, 15 hospital ships arrived at this Port disembarked 4,383 military and civilian invalids; of this num 128 civilian patients required immediate hospital treatment were transferred to hospitals or institutions under port he arrangements.

Date	Vessel	Whence	Crew	Invalids	Civilian Ca Remove
31.1.48	El Nil	Karachi	136	499	6
9.2.48	El Nil	Hamburg	127	308	20
8.3.48	Dorsetshire	Rangoon	172	400	12
16.3.48	Oxfordshire	Haifa	239	293	4
23.3.48	Oxfordshire	Hamburg	242	219	7
14.4.48	El Nil	Haifa	136	368	3
22.4.48	El Nil	Hamburg	133	156	10
25.5.48	El Nil	Haifa	137	318	10
31.5.48	El Nil	Hamburg	135	161	2
13.7.48	Oxfordshire	Haifa	235	309	6
19.7.48	Oxfordshire	Hamburg	141	172	7
9.9.48	El Nil	Port Said	134	415	4
16.9.48	El Nil	Hamburg	214	224	10
8.11.48	El Nil	Port Said	136	319	6
14.11.48	El Nil	Hamburg	133	222	21
TOTAL	15		2,450	4,383	128

(*b*) CARGO TRAFFIC

Principle imports : foodstuffs including meat, fruit, vegetables, matoes, grain, raw materials, manufactured articles, specie, nber, tobacco, fuel oil, crude oil and refined oils.

Cargoes are imported from the Channel Islands, ports in rope, North and South America, Canada, Asia, Africa, Australia, w Zealand and other ports throughout the world.

Principle exports : leather wear, manufactured articles and chinery, tobacco and motor vehicles.

Cargoes are exported to the Channel Islands, ports in the mmonwealth and other ports throughout the world.

Coastwise trade : cargoes landed include coal from the north- st coast and South Wales ports, transhipped goods and home duce from various ports in the United Kingdom.

OIL TANKERS

During the year, 147 oil-tankers arrived in Southampton Water discharge or load fuel or spirit at the oil wharves at Fawley or mble. The vessels came from the following ports :—

Abadan	24
Antwerp	3
Aruba	19
Bahrein	1
Baton Rouge	1
Borne	1
Corpus Christie	2
Curacao	19
Gdansk	2
Gdynia	1
Hamburg	6
Havre	3
Helsingfors	2
Helsinki	3
Houston	1
Galveston	2
Las Piedras	1
Ras Tanura	42
Rotterdam	5
Rouen	2
Tampico	1
Texas City	1
Trinidad	2
Tripoli	3
TOTAL	147

MEDICAL INSPECTION OF ALIENS

ANNUAL RETURN FOR THE YEAR ENDED 31ST DECEMBER, 1948

	Total	Number inspected by the Medical Inspectors	Number subjected to detail examination by the Medical Inspectors	Certificates Issued				
				Unsound mind or mentally defective	Physically Incapacitated	Suffering from acute infectious disease	Landing necessary for adequate medical examination	Trans-migrants
(*a*) Total number of Aliens landing in the Port ...	[1]55,919	48,535	1,068	2	11	1	—	—
(*b*) Aliens refused permission to land by the Immigration Officer	[1]141	—	—	—	—	—	—	—
(*c*) Transmigrants...	—	—	—	—	—	—	—	—
Total Aliens arriving	[1]56,060	48,535	1,068	2	11	1	—	—

Total number of vessels carrying Alien passengers, [1]906. Number of vessels dealt with by the Medical Inspectors, 710

[1] Figures denoted thus were supplied by H.M. Immigration Office.

III. SOURCE OF WATER SUPPLY

(*a*) FOR THE PORT; (*b*) FOR SHIPPING.

The water supply to the Port and for vessels is the same as plied to the town of Southampton. This water is derived from p wells sunk into the chalk at Otterbourne, Twyford and nsbury.

Special sampling taps are fitted at the following locations in uthampton Docks :—

(1) Port Health Office	...	Old Docks
(2) Transformer House	...	New Docks (East end)
(3) Pump House	...	New Docks (West end)

Samples of water are taken weekly from each of these taps by presentative of the Borough Waterworks Engineer and Manager, submitted for bacteriological and chemical examination.

Samples of water are also taken from time to time from the yside hydrants supplying water to vessels.

The Southampton Corporation supplies water to the whole of Docks, and mains are available at every berth for supplying els.

There are hydrants for the supply of water at the Town Quay, ll-Mex and Agwi jetties, and at the wharves at Eling, Redbridge on the River Itchen.

HYDRANTS AND HOSEPIPES

Hydrants used for supplying vessels are of the recessed type t into the quayside, and adequately drained. Each hydrant is d with a short stand pipe protected by a metal screw cap. en not in use, the hydrant " box " is covered by a close-fitting e flush with the quayside.

Hosepipes used for connecting the hydrants with vessels are ne canvas or rubber hose type, and, when not in use, these are ed in special boxes at positions throughout the Docks.

Inspection of the hydrants and hose connections, etc., are made time to time during the year.

WATER SUPPLY VESSELS

The following vessels are equipped for supplying drinking-r to vessels which do not berth :—

S/Tug *Canute*	...	Water-carrying capacity	45	tons
S/Tug *Clausentum*	...	,, ,,	45	,,
S/Tug *Romsey*	...	,, ,,	100	,,
S/Tug *Paladin*	...	,, ,,	22	,,
M/V *J.J.C.* ...	...	,, ,,	24	,,
Dumb Barge *Eagle*	...	,, ,,	30	,,

The suitability of these vessels for water-carrying purposes, and sanitary condition of the water-tanks are satisfactory.

ANALYSIS OF DRINKING-WATER AND CONSUMABLE ICE

During the year, 114 samples of drinking-water were take from a total of 51 vessels and 1 flying-boat. Three samples of i were taken from 2 vessels.

All samples were submitted to the Public Health Laborator Service for bacteriological examination. Twenty samples drinking-water were found to be below the standard of purit required for ships' water. The three samples of ice were satisfactor

In all cases where the result of the analysis revealed contamin tion, further investigation was made and remedial measures pr scribed to the owners of the vessels concerned.

The following Tables show the results of the water and i analysed :—

Vessel	No. of Samples	No. of presumptive Coli-form organisms per 100 ml.				Faecal Coli present	Plate count on Agar per ml. 2 days at 37° C. exceeding 1,000	No. o Sampl unsati factor
		Less than 1	1—2	3—10	More than 10			
1	4	3	—	1	—	1	—	1
2	2	1	1	—	—	—	—	—
3	1	1	—	—	—	—	—	—
4	5	5	—	—	—	—	—	—
5	2	2	—	—	—	—	—	—
6	4	4	—	—	—	—	—	—
7	6	5	—	—	1	—	1	1
8	2	2	—	—	—	—	—	—
9	3	3	—	—	—	—	—	—
10	3	—	1	2	—	—	—	1
11	6	6	—	—	—	—	—	—
12	2	1	—	1	—	—	—	1
13	2	2	—	—	—	—	1	—
14	2	2	—	—	—	—	1	—
15	2	1	—	—	1	—	—	1
16	3	3	—	—	—	—	—	—
17	1	—	—	1	—	—	—	—
18	2	2	—	—	—	—	—	—
19	2	2	—	—	—	—	—	—
20	2	2	—	—	—	—	1	—
21	2	2	—	—	—	—	1	—
22	2	1	1	—	—	—	2	—
23	2	2	—	—	—	—	2	—
24	3	3	—	—	—	—	—	—
25	1	—	—	1	—	—	—	—
26	1	—	—	1	—	—	1	1
Carried forward	67	55	3	7	2	1	10	6

Vessel	No. of Samples	No. of presumptive Coliform organisms per 100 ml.				Faecal Coli present	Plate count on Agar per ml. 2 days at 37° C. exceeding 1,000	No. of Samples unsatisfactory
		Less than 1	1—2	3—10	More than 10			
rought rward	67	55	3	7	2	1	10	6
27	1	—	—	1	—	—	—	—
28	2	—	—	—	2	—	2	2
29	2	1	1	—	—	—	1	—
30	2	—	—	—	2	—	2	2
31	1	1	—	—	—	—	—	—
32	1	—	1	—	—	—	—	—
33	1	1	—	—	—	—	—	—
34	3	1	2	—	—	—	2	—
35	2	1	—	—	1	—	—	1
36	2	2	—	—	—	—	—	—
37	2	2	—	—	—	—	—	—
38	2	—	—	—	2	—	2	2
39	2	—	—	—	2	—	—	2
40	2	2	—	—	—	—	—	—
41	2	2	—	—	—	—	—	—
42	2	2	—	—	—	—	—	—
43	2	—	1	—	1	—	—	1
44	1	—	—	—	1	—	1	1
45	2	2	—	—	—	—	2	—
46	1	—	—	—	1	—	1	1
47	2	2	—	—	—	—	2	—
48	2	2	—	—	—	—	—	—
[1]49	2	—	—	—	2	—	2	2
50	1	1	—	—	—	—	—	—
51	4	4	—	—	—	—	—	—
52	1	1	—	—	—	—	—	—
TAL	114	82	8	8	16	1	27	20

[1] Denotes samples taken from flying-boats.

ICE

essel	No. of Samples	No. of presumptive Coliform organisms per 100 ml.				Faecal Coli present	Plate count on Agar per ml. 2 days at 37° C. exceeding 1,000	No. of Samples unsatisfactory
		Less than 1	1—2	3—10	More than 10			
1	2	2	—	—	—	—	—	—
2	1	1	—	—	—	—	—	—
TAL	3	3	—	—	—	—	—	—

IV. PORT HEALTH REGULATIONS, 1933 and 1945

1. ARRANGEMENTS FOR DEALING WITH “DECLARATION OF HEALTH”

The following routine has continued to work satisfactorily throughout the year :—

(*a*) That where a vessel is first boarded by an officer of the Port Health Authority, that officer shall retain the “ Declaration of Health,” and leave an “ All Clear ” Certificate on board for the Customs Officer.

(*b*) That where an officer of Customs and an officer of the Port Health board a vessel together, the latter officer shall take the “ Declaration of Health ” and hand the “ All Clear ” Certificate to the Customs Officer.

(*c*) That where a vessel is first boarded by a Customs Officer, that Officer shall take the “ Declaration of Health,” and forward it to the Port Health Authority as soon as possible, and the officer of the Port Health Authority receiving the “ Declaration of Health ” shall sign a receipt, if required.

Where a vessel has been boarded by an officer of H.M. Customs prior to the visit by an officer of the Port Health Authority, a form is left with the master indicating the condition reported on the “ Declaration of Health,” and stating whether the vessel has been—

(*a*) Granted full pratique.
(*b*) Granted modified pratique.
(*c*) Or detained for inspection by the Port Medical Officer.

Vessels which trade exclusively within the “ home trade ” limits are not required to present a “ Declaration of Health,” but the Southampton Port Health Authority request them to complete a blue medical certificate, giving essential particulars regarding infectious disease (actual or suspected) on arrival.

2. BOARDING OF VESSELS

All vessels which berth within the Docks, and all vessels anchoring elsewhere and landing passengers by tender at this Port, are boarded on arrival by officers of the Port Health Authority and H.M. Customs.

Other vessels which berth outside the Docks are boarded by H.M. Customs, and, if requiring attention, are dealt with later by the Port Health Authority.

All vessels which arrive from any foreign port or seaboard vhich is included in the list prepared pursuant to the provisions f Article II, and any vessels which have had a case of infectious isease during the voyage, are visited by one of the Port Medical fficers.

. Notification to the Authority of Inward Vessels Requiring Special Attention (Wireless Messages, Land Signal Stations, Information from Pilots, Customs Officers, etc.)

The Minister of Health, by notice published in the *London azette,* 31st October, 1933, declared that the provisions of Article 6 the Port Sanitary Regulations, 1933, should apply to the uthampton Port Sanitary district as from 1st February, 1934.

The Section in question reads as follows :—

> " 6. (1) Where the Minister has by notice published in the *London Gazette* declared that the provisions of this Article shall apply to any district specified in the notice, the master of any foreign-going ship fitted with a suitable wireless transmitting apparatus, on approaching such a district from a foreign port, shall, if any person on board has symptoms which may be indicative of infectious disease other than tuberculosis, or if there are any circumstances requiring the attention of the Medical Officer, send to the Port Health Authority a wireless message embodying such of the information set out in the Second Schedule to these Regulations as are applicable.
>
> " (2) Any wireless message so required to be sent so as to reach the Port Health Authority not more than twelve, and not less than four hours, before the time at which the ship is expected to arrive in the district.
>
> " (3) Any wireless in wireless code delivered to the Port Health Authority shall, unless otherwise provided in the notice published pursuant to paragraph (1) of this Article, conform with the Section relating to the 1931 International Code of Signals."

Arrangements have been made for the reception (and decoding, ecessary) of wireless messages sent direct to the Port Health ice, and the telegraphic address of " Portelth, Southampton " been registered by the Post Office.

Wireless messages are also received through agents approved the Port Health Authority. Before this approval is given, how-r, agents are required to furnish evidence that they possess lities for receiving such messages at all times of the day or night, can undertake prompt transmission to the Port Health Office of any messages received by them relating to the state of health on board.

The following agents, having satisfied these requirements have been approved as agents for the purpose of Article 6 of the Regulations :—

Anglo-American Oil Co. ; B. Ackerley & Co. ; Canadian Pacifi Company ; Coast Lines Limited ; Cunard White Star Limited Escombe McGrath & Co. ; Kellar Bryant & Co. ; Haswel & Co. ; McGregor, Gow & Holland ; T. Meadows & Co. W. H. Muller & Co. ; R. & J. H. Rea Ltd. ; and Wainwrigh Bros.

The following companies elected to send their messages direc from the vessels to the Port Health Authority :—

British Railways ; Dawson Bros. Ltd. ; General Stea Navigation Co. ; Royal Mail Lines Ltd. ; Union-Castl Company ; Sandell Bros. ; J. Horn & Son ; Stephenso & Clarke Ltd.

From 1st January to 31st December, 1948, the following mess ages were received from incoming vessels :—

(*a*) Direct	152
(*b*) Through Agents ...	31

H.M. Customs advise the Port Health Authority of any cas of sickness which come to their notice on outlying vessels.

4. Mooring Stations Designated under Article 10 :

(*a*) Within the Docks ; (*b*) Outside the Docks.

The following " Mooring Stations " have been established wit the concurrence of the Customs and Harbour Authorities, and t consent (where necessary) of the Minister of Health :—

Inner Mooring Stations.

(*a*) For vessels bound for the Railway Docks, for Agwi Jett or for Shell-Mex Jetty — The usual place of moorin subject to the vessel being moored at least 6 feet from t quay or jetty.

(*b*) For vessels bound for places in the Southampton Po Health Area other than those specified at (*a*)—Betwe Hythe Pier and Pilot Cutter Moorings in Southampt Water.

uter Mooring Stations.

(*a*) For vessels not exceeding 500 feet in length — Between Hamble Spit Buoy and Shell-Mex Jetty in Southampton Water.

(*b*) For vessels exceeding 500 feet in length — At Stokes Bay.

PARTICULARS OF ANY STANDING EXEMPTION FROM THE PROVISIONS OF ARTICLE 14

In view of the comprehensive arrangements in force at this rt to secure that incoming vessels are met on arrival by an officer the Port Health Authority, the only standing exemption to ticle 14 applies to vessels which berth outside the Railway Docks d reads as follows : " That healthy vessels from an infected port ould be allowed to proceed to their own berth and to unload, but e Medical Officer should be informed as soon as possible. That, the event of the ship being unhealthy, the Customs Officer will tify the Port Health Authority at the earliest possible moment d detain the ship."

The above arrangements have been found to work satisfactorily, d no further standing exemptions are contemplated.

EXPERIENCE OF WORKING ARTICLE 16

The provisions of Article 16 have given rise to no difficulty d have been willingly observed by all concerned.

Permits are issued by the Port Medical Officer on the application of shipping companies for employees to board incoming vessels the purpose of conveying and distributing mails, etc., prior to vessel being released from control under the Port Health gulations, 1933 and 1945.

These permits would be withheld in the event of serious ectious disease being present.

The practice of requiring addresses of passengers landing at thampton from various countries has been extended to North ntic and French ports during the year.

The declaration of address and notification of change of address em, advocated by the Association of Port Health Authorities been continued for contacts disembarking at this Port.

(*a*) PREMISES AND WAITING-ROOMS FOR MEDICAL EXAMINATION

Premises and waiting-rooms for medical examinations are proed in connection with the rooms used by immigration officers; he larger vessels using this Port, adequate facilities for medical mination are usually available on board.

(*b*) CLEANSING AND DISINFECTION OF SHIPS, PERSONS AND CLOTHING AND OTHER ARTICLES

Disinfection of quarters is carried out in all cases of infectious disease by the staff of the Health Department, or by the shipping companies under the supervision of the Port Health Authority.

Formalin spray is the method employed, together with thorough cleansing. Should fumigation be required, this is carried out, under the supervision of the Port Health Authority, by firms of chemists who specialise in this work. Contacts requiring disinfection are taken to the Disinfecting Station at West Quay, where fully-equipped bathrooms are available. Clothing and other articles are also dealt with at this station by means of steam disinfectors.

(*c*) PREMISES FOR THE TEMPORARY ACCOMMODATION OF PERSONS FOR WHOM SUCH ACCOMMODATION IS REQUIRED FOR THE PURPOSE OF THE REGULATIONS

No special accommodation is set aside for this purpose, but this could easily be arranged, should the occasion arise, at one of the hospitals situated within the Borough.

(*d*) HOSPITAL ACCOMMODATION AVAILABLE FOR PLAGUE, CHOLERA, YELLOW FEVER, SMALLPOX AND OTHER INFECTIOUS DISEASES

The following hospitals are available for the accommodation of cases, or suspected cases, of infectious disease arriving at this Port :—

(1) Isolation Hospital, Millbrook — 141 beds are available for cases of infectious disease.

(2) Smallpox Hospital, Crabwood, near Winchester—Arrangements were made with the Southampton County Council for the provision of 12 beds for smallpox cases. From the 5th July, 1948, the Regional Hospital Board has been responsible for the provision of such accommodation.

(*e*) AMBULANCE TRANSPORT

The motor ambulances provided by the Corporation are available for the Port.

(*f*) SUPERVISION OF CONTACTS

The procedure for ascertaining passengers' destination has been described in dealing with the working of Article 16, and the Medical Officer of Health of the district to which passengers are proceeding is informed by letter, giving necessary particulars. Contacts emaining in the Borough are kept under observation by the ledical Officer of Health.

The same procedure applies to seamen who are paid off in this ort.

When drafts proceed to military depots, they are kept under urveillance by military authorities, and the Medical Officer of lealth of the district to which the drafts have proceeded is notified y this Authority.

. ARRANGEMENTS FOR BACTERIOLOGICAL EXAMINATION OF RATS FOR PLAGUE

All rats caught or found dead about Docks or on vessels are rought to the Port Health Office, where they are examined, and proportion submitted weekly to the Public Health Laboratory in outhampton for microscopical and cultural examination.

. ARRANGEMENTS FOR OTHER BACTERIOLOGICAL OR PATHOLOGICAL EXAMINATION

This work is carried out by the Public Health Laboratory ervice in Southampton.

). THE DIAGNOSIS AND TREATMENT OF VENEREAL DISEASES AMONG SAILORS UNDER INTERNATIONAL ARRANGEMENTS

The Treatment Centre at the corner of New Road and Cardigan oad, Southampton, and two clinics situated in the Old and New ocks respectively, are devoted entirely to the treatment of nereal diseases, and provide all facilities for treatment for sailors nder the International Convention.

The Centres are under the charge of a full-time Venereal iseases Medical Officer, and facilities are provided for daily treatent. The Treatment Centres enjoy the co-operation of ships' rgeons and shipping companies, who accept certificates of fitness resume duty issued by the Venereal Diseases Medical Officer.

Cases of venereal disease on board vessels in the Port coming the notice of the Medical Officers, are referred, in the first instance, the Centre in Cardigan Road ; and subsequently receive further eatment, either at the Centre or at one of the clinics situated in e Docks.

Leaflets giving particulars of the facilities available are left the Port Health Inspectors on board vessels visited by them.

Notices giving particulars about these diseases are renewed gularly, and are fixed in all the public lavatories in the Docks.

Since 5th July, 1948, the Venereal Diseases Clinics have been ovided by the Regional Hospital Board.

11. ARRANGEMENTS FOR THE INTERMENT OF THE DEAD

The Port shares the facilities of the town for this purpose, the Corporation providing cemeteries and a modern crematorium.

The Municipal Mortuary at West Quay Esplanade is available as required.

12. OTHER MATTERS REQUIRING OR RECEIVING ATTENTION

As required by Article 2, a complete list of infected ports and seaboards is compiled each month by the Port Medical Officer, and copies forwarded to each Preventive Officer of H.M. Customs. Copies are also forwarded to the inward pilots and the Manager, Southampton Airport.

During the year, it has been the practice to give a warning card to all passengers arriving in this Port from abroad by air or short sea voyage, from countries in which it is known that an epidemic disease is prevalent.

In the event of the holder of the warning card falling ill within twenty-one days after arrival in this country, the person is requested to present it to the attending medical practitioner for his guidance, as the card indicates the possibility of the patient having contracted an infectious disease whilst abroad.

CASES OF INFECTIOUS DISEASE LANDED FROM VESSELS

TABLE C.

Disease	Number of cases during the year		Number of vessels concerned	Average number of cases for previous 5 years
	Passengers	Crew		
Anterior Poliomyelitis ...	6	—	4	2.2
Chickenpox	21	3	16	7.8
Cerebro-spinal Meningitis	1	—	1	0.6
Diphtheria	—	2	2	2.2
Dysentery	6	4	7	10.4
Dengue Fever	—	—	—	0.2
Enteric and Paratyphoid Fevers	2	1	3	3.2
Erysipelas	2	—	2	0.6
Gastro-enteritis ...	1	—	1	2.6
German Measles ...	2	1	3	2.4
Glandular Fever ...	—	—	—	1.6
Infective Hepatitis ...	14	2	8	11.6
Influenza	1	2	2	4.2
Leprosy	—	—	—	0.4
Malaria	2	—	1	12.0
Measles	11	2	9	12.6
Mumps	6	1	5	7.4
Pharyngitis	1	—	1	1.0
Pneumonia	14	6	12	11.8
Polioencephalitis ...	1	—	1	0.2
Pyrexia	2	3	4	7.4
Scarlet Fever	—	—	—	7.4
Smallpox	—	—	—	0.8
Tonsillitis	6	9	9	6.8
Tuberculosis	96	5	27	85.2
Typhus Fever	1	—	1	0.0
Venereal Diseases ...	6	12	5	20.2
Whooping Cough ...	—	—	—	4.8
TOTAL ...	202	53	124	

Cases of Infectious Disease occurring on Vessels during the Voyage, but Disposed of Prior to Arrival

TABLE D.

Disease	Number of cases during the year		Number of vessels concerned	Average number of cases for previous 5 years
	Passengers	Crew		
Anterior Poliomyelitis ...	—	—	—	1 .4
Cerebro-spinal Meningitis	—	—	—	1 .2
Chickenpox	2	—	2	2 .2
Diphtheria	1	—	1	0 .8
Dysentery	—	—	—	0 .8
Enteric and Paratyphoid Fevers	—	—	—	0 .8
Gastro-enteritis ...	—	—	—	0 .4
German Measles ...	5	—	2	0 .2
Influenza	—	—	—	0 .4
Malaria	—	1	1	1 .2
Measles	10	—	5	2 .6
Mumps	4	—	2	0 .6
Pneumonia	1	—	1	2 .2
Polioencephalitis ...	—	—	—	0 .4
Pyrexia	—	—	—	0 .6
Scarlet Fever	1	—	1	0 .0
Smallpox	1	1	2	0 .8
Tonsillitis	—	—	—	0 .4
Tuberculosis	1	—	1	3 .0
Venereal Diseases ...	—	—	—	0 .4
Whooping Cough ...	—	—	—	1 .2
TOTAL ...	26	2	18	

INFECTIOUS DISEASES

Reported on Vessels Arriving in the Port of Southampton during the 10 years, 1939–1948.

Disease	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
Cerebro-spinal Meningitis	2	33	1	—	1	1	1	4	3	1
Cholera	—	—	—	—	—	—	—	—	—	—
Chickenpox	36	8	—	1	1	11	11	41	18	31
Diphtheria	3	2	—	1	—	8	2	6	2	4
Dysentery	23	7	—	—	—	—	18	53	27	24
Enteric and Paratyphoid Fevers	9	3	—	—	—	—	4	7	11	7
Measles	59	33	—	—	—	1	38	610	46	50
Mumps	19	2	1	—	2	5	20	31	24	31
Poliomyelitis	7	2	—	—	—	—	1	9	8	8
Plague	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	10	5	—	—	—	1	32	2	3	2
Smallpox	2	2	—	—	—	—	—	8	1	2
Tuberculosis	172	80	1	3	—	7	136	309	149	105
Typhus Fever	1	—	—	—	—	—	—	—	—	1
Whooping Cough ...	7	—	—	—	—	—	4	15	17	4
Yellow Fever	—	1	—	—	—	—	—	—	—	—

DEATHS AT SEA

Thirty-seven deaths at sea were reported to have occurred on vessels on their voyage to Southampton.

Accidents	3	Insanity	1
Cancer	3	Pneumonia ...	1
Diphtheria ...	1	Tuberculosis ...	1
Heart disease ...	18	Other diseases ...	9

INFECTIOUS AND OTHER DISEASES

Table showing the number of cases reported on vessels arriving in the Port of Southampton, and how they were dealt with during the year :—

Disease	Total cases reported	How Dealt With						
		Removed to Hospital or Nursing-homes	Removed to Naval or Military Hospitals	Landed at other ports before arriving at Southampton	Proceeded in vessels to other ports	Landed at Southampton but did not proceed to hospital	Died at sea	Convalescent on arrival
Abscesses	6	3	2	—	—	1	—	—
Accidents	60	42	1	—	5	9	3	—
Appendicitis	25	21	—	1	2	1	—	—
Arthritis	6	5	—	—	—	1	—	—
Bronchitis	13	7	—	—	5	1	—	—
Cancer	19	5	3	—	—	8	3	—
Cerebro-spinal Meningitis	1	—	—	—	—	—	—	1
Chickenpox	31	12	—	2	3	12	—	2
Diarrhoea	48	—	1	—	—	2	—	45
Diphtheria	4	2	—	—	1	—	1	—
Duodenal Ulcer ...	7	3	—	—	—	4	—	—
Dysentery	24	5	1	—	1	3	—	14
Eczema	1	—	—	—	1	—	—	—
Encephalitis	1	1	—	—	—	—	—	—
Erysipelas	3	1	1	—	1	—	—	—
Food Poisoning ...	2	1	—	—	—	—	—	1
Gastro-enteritis ...	2	—	—	—	—	1	—	1
German Measles ...	9	3	—	5	—	—	—	1
Heart Disease	40	13	—	1	1	7	18	—
Infective Hepatitis ...	30	2	11	—	3	3	—	11
Influenza	6	2	—	—	3	1	—	—
Insanity and Mental Disorders	62	43	2	—	1	15	1	—
Malaria	108	—	2	1	2	—	—	103
Measles	50	6	—	10	7	8	—	19
Mumps	31	3	1	4	2	3	—	18
Nephritis	3	2	—	1	—	—	—	—
Paralysis	2	—	1	—	—	1	—	—
Pharyngitis	3	1	—	—	—	—	—	2
Pleurisy	8	3	—	—	—	5	—	—
Pneumonia	23	15	3	—	1	2	1	1
Poliomyelitis	8	4	—	—	—	2	—	2
Pyrexia	5	4	—	—	—	1	—	—
Rheumatism	3	1	—	—	1	1	—	—
Scarlet Fever	2	—	—	1	—	—	—	1
Smallpox	2	—	—	2	—	—	—	—
Tonsillitis	21	9	2	—	4	4	—	2
Tuberculosis	105	44	28	—	3	29	1	—
Typhoid or Paratyphoid Fevers	7	2	1	—	—	—	—	4
Typhus Fever	1	1	—	—	—	—	—	—
Venereal Diseases ...	23	2	2	—	5	14	—	—
Whooping Cough ...	4	—	—	—	—	—	—	4
Other Diseases	150	68	11	3	16	42	9	1
TOTAL ...	959	336	73	31	68	181	37	233

V. MEASURES AGAINST RODENTS

1. STEPS TAKEN FOR DETECTION OF RODENT PLAGUE: (*a*) IN SHIPS IN THE PORT; (*b*) ON QUAYS, WHARVES, WAREHOUSES, ETC., IN THE VICINITY OF THE PORT.

Routine examinations of vessels are made for indication of rat infestation, and all rats caught on ships or about the Docks are examined by the staff of the Port Health Office, a proportion being selected for post-mortem and bacteriological examination, which is carried out by the Public Health Laboratory Service.

During the year, 162 rats were submitted for examination. No evidence of infection with plague was found.

2. MEASURES TAKEN TO PREVENT THE PASSAGE OF RATS BETWEEN SHIPS AND SHORE

The following Regulations are enforced in the case of all vessels from infected ports, grain-carrying ships, or vessels showing evidence of rat infestation, and have been voluntarily adopted by practically all the shipping companies in the case of other vessels.

(1) That the ship be so moored that at no point is she less than 6 feet from the quay or wharf.

(2) That all ropes, warps, etc., used for mooring the ship be fitted with canvas rat-guards, 2 feet long, the same to be daily coated with tar, or fitted with shields or discs; all such rat-guards when fitted to be clear of ship and quay, and readjusted with rise and fall of the tide.

(3) That no gangway, shoot, plank, etc., connecting the ship with the shore, except that which is in actual use, be permitted; and that any gangway, shoot, plank, etc., while connecting the ship with the shore, and not in constant use, shall have a man in attendance day and night. The gangway shall be provided with a light from sunset to sunrise.

(4) Booms and other appliances provided for the purpose of keeping the ship in position, and connecting the ship with the quay, shall be kept coated with tar parcelling at least 3 feet in length, and the tar renewed daily.

3. METHOD OF DERATISATION OF: (*a*) SHIPS; (*b*) PREMISES IN THE VICINITY OF DOCKS OR QUAYS

(a) *On Ships*

(1) Trapping and Poisoning. Regular trapping on board ship is carried out by the shipping companies, the majority of whom employ professional rat-catchers. Poison baits have been used in several instances during the year as an accessory method.

(2) Fumigation. During the year, six vessels entered the Po on which it was found necessary to carry out fumigation, owing the prevalence of rats on board.

Fumigations for which deratisation certificates were issu totalled 16 ; the fumigant used being H.C.N. Liquid 6 ; H.C.N. Absorbent 8 ; and Liquid H.C.N. and H.C.N. in Absorbent 2.

In all cases where deratisation certificates were asked for b companies, the work was supervised and approved throughout b the Port Health Authority.

(b) *Premises in the Vicinity of Docks and Quays*

The British Railways (Southern Region) employ two full-tin rat-catchers about the Docks, warehouses, etc., the meth employed being trapping and poisoning.

4. MEASURES TAKEN FOR THE DETECTION OF RAT PREVALEN IN SHIPS AND ON SHORE

Systematic inspection is carried out for rat traces and harbou age on all vessels, quays, wharves and warehouses. The systema measures which are carried out for the destruction of rats, referr to in the previous Section, resulted in 2,185 rats being caught (5 on vessels and 1,605 on shore).

5. RAT-PROOFING

(*a*) The standard of rat-proofing of the sheds, wharves a warehouses is, generally speaking, satisfactory.

No new sheds or warehouses have been completed during t year. Modifications and repair of existing sheds are being carri out under post-war reconstruction in the Docks by the Brit Railways (Southern Region).

(*b*) Action Taken to Extend Rat-proofing.

(1) In ships — Schedules of work are served in all cases wh it is found necessary to correct or protect rat harbourage or runs vessels requiring deratisation exemption certificates.

(2) On shore — Practically all the existing cargo sheds are metal construction with concrete floors.

During the year, the work on the reconstruction of existi cargo sheds was extended to four sheds situated on the Itc Quays, where the sheds were reconditioned and the wooden flo replaced by concrete.

RATS DESTROYED

(1) On Vessels

TABLE E

Number of Rats	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total in Year
Black	55	76	21	73	22	44	61	60	60	17	47	44	580
Brown	—	—	—	—	—	—	—	—	—	—	—	—	—
Species not recorded	—	—	—	—	—	—	—	—	—	—	—	—	—
Examined	55	76	21	73	22	44	61	60	60	17	47	44	580
Infected with Plague	—	—	—	—	—	—	—	—	—	—	—	—	—

RATS DESTROYED

(2) In Docks, Quays, Wharves and Warehouses

TABLE F.

Number of Rats	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total in Year
Black	—	—	—	—	—	—	—	3	3	7	15	—	28
Brown	192	178	161	154	139	149	110	104	122	97	95	76	1,577
Species not recorded	—	—	—	—	—	—	—	—	—	—	—	—	—
Examined	192	178	161	154	139	149	110	107	125	104	110	76	1,605
Infected with Plague	—	—	—	—	—	—	—	—	—	—	—	—	—

The totals in Tables E and F (Examined) include 162 Bacteriologically.

MEASURES OF RAT DESTRUCTION ON PLAGUE "INFECTED" OR "SUSPECTED" VESSELS OR VESSELS FROM PLAGUE-INFECTED PORTS, ARRIVING IN THE PORT DURING THE YEAR

TABLE G

Total Number of such vessels arriving 1	Number of such vessels fumigated by $S.O.^2$ 2	Number of rats killed 3	Number of such vessels fumigated by H.C.N. 4	Number of rats killed 5	Number of such vessels on which trapping, poisoning, etc., were carried out 6	Number of rats killed 7	Number of such vessels on which measures of rat destruction were not carried out 8
39	—	—	3	Nil	2	3	34
Flying-boats 175	—	—	—	—	—	—	175

DERATISATION CERTIFICATES AND DERATISATION EXEMPTION CERTIFICATES ISSUED DURING THE YEAR

TABLE H

Net Tonnage	Number of Ships	Number of Deratisation Certificates Issued							Number of Deratisation Exemption Certificates issued	Total Certificates issued
		After fumigation with					After trapping, poisoning, etc.	Total		
		Zyklon B	Liquid H.C.N. in absorb.	Liquid H.C.N.	H.C.N. Galardi	$S.O.^2$				
Ships up to 300 tons ...	40	—	1	—	—	—	—	1	39	40
Ships from 301 to 1,000 tons	22	—	—	1	—	—	—	1	21	22
Ships from 1,001 to 3,000 tons	9	—	1	—	—	—	—	1	8	9
Ships from 3,001 to 10,000 tons	51	—	3	3	—	—	—	6	45	51
Ships over 10,000 tons ...	34	—	4	3	—	—	—	7	27	34

FUMIGATION OF VESSELS

The following Table gives particulars of the vessels fumigated under the supervision of the Port Health Authority :—

Date	Vessel	Fumigant used	Rats found after fumigation
24.1.48	Hantonia	Liquid H.C.N.	22
12.2.48	Athlone Castle	Liquid H.C.N. and H.C.N. in absorbent	12
26.3.48	Empire Ken	H.C.N. in absorbent	Nil
16.5.48	Aquitania	Liquid H.C.N.	3
28.5.48	Warwick Castle	Liquid H.C.N.	Nil
1.8.48	El Nil	H.C.N. in absorbent	Nil
1.8.48	Andes	Liquid H.C.N. and H.C.N. in absorbent	47
14.8.48	Matina	Liquid H.C.N.	Nil
14.8.48	Dilwara	Liquid H.C.N.	Nil
24.9.48	Alcantara	H.C.N. in absorbent	Nil
9.10.48	Falaise	H.C.N. in absorbent	3
9.10.48	Asturias	H.C.N. in absorbent	Nil
30.10.48	Tiarna	H.C.N. in absorbent	Nil
5.11.48	Empire Windrush	Liquid H.C.N.	Nil
18.12.48	Empire Ken	H.C.N. in absorbent	1
18.12.48	Caronia	H.C.N. in absorbent	8
	TOTAL : 16	6 Liquid H.C.N. 8 H.C.N. in absorbent 2 Liquid H.C.N. and H.C.N. in absorbent	96

VI. HYGIENE OF CREW SPACES

Routine inspections of crew spaces have been made during the year ; nuisances, together with structural defects caused by wear and tear, and defects of original construction have been dealt with as under :—

Verbal notices to abate nuisances ...	321
Written notices to abate nuisances ...	24
Letters to Ministry of Transport ...	2
Letters to Owners	20
	367

In carrying out inspections, consideration has been given to the Board of Trade recommendations given in the pamphlet entitled " Instruction as to the Survey of Master's and Crew Spaces," published in 1937, and Supplement No. 1 of this edition, published in 1946, which includes a specification for Ship's Galleys.

The instructions have, as in previous years, proved helpful in assessing the general standard desirable in ship accommodation.

The following Table gives details of defects, nuisances, and other conditions prejudicial to health found in vessels, and the number which were remedied :—

	Defects found	Complied with
Accummulation of rubbish, stagnant water, etc.	11	10
Bedding—dirty	4	3
Bilges—insanitary	1	1
Bulkheads—defective	3	1
Bunks—defective	1	1
Clothes Lockers (*a*) Absent	2	1
(*b*) Insufficient	6	3
Dampness (*a*) Condensation	8	6
(*b*) Deckhead leaks	23	13
(*c*) Other causes	9	6
Decklights—defective	2	—
Doors (*a*) Missing	3	1
(*b*) Badly fitted or defective ...	3	3
Floors—defective	2	1
Fresh-water Tanks (*a*) Defective	9	6
(*b*) Dirty	3	3
Food Lockers (*a*) Inadequate	1	1
(*b*) Defective	4	3
Galleys, Pantries, Food Storage, etc., insanitary	26	18
Heating—defective steam heaters or stoves	20	12
Infestations (*a*) Ants	1	—
(*b*) Bugs	13	13
(*c*) Cockroaches	45	42
(*d*) Flies	2	1
(*e*) Mice	2	1
(*f*) Rats	57	55
Lighting—insufficient	1	—
Living Spaces—insanitary	14	12
Carried forward ...	276	217

	Defects found	Complied with
Brought forward ...	276	217
Paintwork—defective or dirty	20	14
Ports (*a*) Broken glasses	36	18
(*b*) Deadlights defective	2	1
(*c*) Frames defective	2	2
(*d*) Other defects	17	14
Scuppers—choked	3	2
Ventilation (*a*) Insufficient	2	—
(*b*) Absent	1	—
(*c*) Unsatisfactory	3	3
Washplaces (*a*) Absent	1	—
(*b*) Basins defective	6	5
(*c*) Basins foul	1	1
(*d*) Compartment insanitary ...	4	3
(*e*) Pipes defective	7	6
(*f*) Scuppers choked	7	6
(*g*) Water supply defective ...	2	1
(*h*) Waste pipes absent ...	2	—
Washing Facilities (*a*) Absent	4	1
(*b*) Water service absent	1	1
(*c*) Showers not working	3	2
W.C's. (*a*) Compartment insanitary ...	6	6
(*b*) Flush absent	1	—
(*c*) Flush defective or inadequate ...	39	25
(*d*) Flush tanks empty	23	17
(*e*) Pans choked	18	15
(*f*) Pans defective	16	6
(*g*) Pans foul	33	28
(*h*) Pans obsolete	3	1
(*i*) Seats missing or defective ...	29	15
Other nuisances or defects	26	17
TOTAL ...	594 on 367 vessels	427 on 284 vessels

HYGIENE OF CREWS' SPACES (CLASSIFICATION OF NUISANCES)

TABLE J

Nationality of vessel	Number inspected during 1948	Defects of original construction	Structural defects through wear and tear	Dirt, vermin and other conditions prejudicial to health
British ...	1,561	44	223	278
Other nations	311	—	18	31

VII. FOOD INSPECTION IN THE PORT

Public Health (Imported Food) Regulations, 1937 and 1948.

Public Health (Imported Milk) Regulations, 1926.

Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1940.

Public Health (Meat) Regulations, 1924.

Public Health (Shell Fish) Regulations, 1934.

As in previous years, inspection and examination of foodstuffs, imported and covered by the above Regulations, has been facilitated by the assistance given by officers of H.M. Customs and Excise, British Railways (Southern Region), the shipowners and shipping agencies, and the various fruit-importing interests.

The amount of foodstuffs landed in the Port was 273,070 tons.

The various foodstuffs landed during the year are listed in the following Table, together with the countries of origin :—

Fruits (various)	107,876	tons	North Africa, Spain, Palestine, South Africa, Holland, Belgium, U.S.A. and Channel Islands
Tomatoes	37,612	,,	Channel Islands and Canary Islands
Grain and Grain Offal ...	47,485	,,	Coastwise, Canada, South America, U.S.A., Australia and South Africa
Meat	10,841	,,	South America and South Africa
Crayfish (tails)	185	,,	South Africa
Legume	1,946	,,	U.S.A. and South Africa
Canned Goods	8,731	,,	South America, South Africa and U.S.A.
Coffee	1,364	,,	Africa
Egg (pulp)	17	,,	North America
Egg (shell)	1,429	,,	South Africa
Fruit (dried)	338	,,	South Africa
Fruit (pulp and juices) ...	2,538	,,	South Africa
Oils and Fats	704	,,	South America
Preserves	10,541	,,	South Africa
Canned Milk	625	,,	North America
Wines and Spirits ...	5,691	,,	Europe and South Africa
Miscellaneous (provisions)	3,977	,,	Australia, South Africa and North America
Potatoes	29,388	,,	Coastwise, Channel Islands, South and North Africa
Vegetables	1,782	,,	Europe
TOTAL ...	273,070	,,	

Notices served during the year under the Public Health (Imported Food) Regulations, 1937 and 1948, were as follows :—

Form " A " (Notice to Surrender)	7
Condemnation Notes issued (food destroyed)	326
Condemnation Notes issued (food used for animal feeding or inedible purposes)	77
Certificates issued in respect of foodstuffs suitable only for manufacturing or extraction purposes	17
Form " E " (Notice of Special Examination)	11
Certificates (issued after Special Examination)	13

The sections of the Report dealing with condemned food and the analysis of foodstuffs include records of actions taken in respect of some ship's surplus stores which, on being landed, have required examination and classification before disposal, in order to obtain maximum residual value for such foodstuffs. These items of ship's stores should not be dealt with under the Public Health (Imported Food) Regulations, 1937 and 1948, but are so treated because much of the foodstuffs concerned is produce of foreign origin. Prior to 1st October, 1948, the salvage organisation of the Ministry of Food arranged for the warehousing of such stores, and, when classification of the food was required, this authority was notified by the Salvage Officer. The Port Food Inspector then examined the items in question and placed them under the following categories :—

(*a*) Fit for human consumption.
(*b*) Unfit for human consumption, but considered fit for animal food.
(*c*) Destruction only.

The foods of Class (*a*) were further classified as :—

(1) Fit for sale by retail.
(2) Suitable for catering purposes only.
(3) Fit for manufacturing purposes only.

This arrangement persisted until 30th September, 1948, and enabled the Salvage Division to obtain maximum residual value from such foodstuffs.

On 1st October, 1948, the salvage organisation was disbanded ; ship's stores surplus to requirements now remain in the control of the owners, to be disposed as directed by the Salvage Goods Order, 1948.

QUANTITIES OF MEAT LANDED IN THE PORT FOR THE YEAR 1948

	Countries of Origin			Total
	Argentine	South Africa	Southern Ocean	
Beef quarters	75,419	—	—	75,419
Beef cuts	2,006	—	—	2,006
Mutton and lamb carcases ...	92,377	—	—	92,377
Pork sides	—	346	—	346
Offal	65,307	—	—	65,307
Whalemeat	—	—	8,592	8,592
TOTALS ...	235,109	346	8,592	244,047

OFFAL

All offal has been subjected to a percentage examination at the time of landing, and was found to be in a satisfactory condition.

CANNED GOODS

The total amount of canned foods imported during the year was 951,970 packages, showing a considerable increase over that of 1947.

In general, the standard of canning has been good.

The special inspection of these goods is usually arranged to coincide with the examination made by officers of H.M. Customs.

This method facilitates the working of both Customs and Public Health Regulations.

THE PUBLIC HEALTH (IMPORTED MILK) REGULATIONS, 1926

There has been no importation of milk during the year under the above Regulations.

THE PUBLIC HEALTH (MEAT) REGULATIONS, 1924

Under Part VI (Transport and Handling), inspection of meat-conveying vehicles has been carried out within the area, and general observations have been made during discharge of meats and meat products, aboard ships, on quayside, and in cargo sheds.

CASEOUS LYMPHADENITIS

As in previous years, a percentage examination of consignments of mutton and lambs has been carried out during the year, and of those examined .56 per cent. mutton only were found to be affected.

SAMPLING OF IMPORTED FOODSTUFFS

The following list shows the samples of foodstuffs taken and submitted for analysis during the year, as provided by the Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1940, and the Public Health (Imported Food) Regulations, 1937 and 1948 :—

No.	Nature of Sample	Country of Origin	Result of Analysis	Remarks
1	Snoek in Tomato	South Africa	Tin, negligible. Arsenic, 2.5 p.p.m. Lead, absent. Copper, 5.0 p.p.m.	Amount of Arsenic normal Other figures satisfactory
2	Snoek	South Africa	Tin, negligible. Lead, absent. Copper, 2.5 p.p.m. Arsenic, 1.0 p.p.m.	As above
3	Orange Juice	Palestine	Vitamin C milligrams, per 100 grams—46. Tin, negligible. Preservatives, absent	Satisfactory
4	Citrus Jelly	Palestine	Vitamin C milligrams, per 100 grams—20. Tin, negligible. Preservatives, absent	As above
5	Canned Mushrooms	France	Tin, negligible. Arsenic, nil. Copper, 4 p.p.m. Zinc, nil. Iron, 12 p.p.m.	As above
6	Canned Mushrooms	France	Tin, negligible. Arsenic, nil. Copper, 1 p.p.m. Zinc, nil. Iron, 8 p.p.m.	As above
7	Apricot Pulp (blown)	South Africa	Contained 2 litres carbon-dioxide gas. Contents in a state of active fermentation	59 tins condemned. The receiving area was notified. Merchants' Guarantee given by Ministry of Food stated for manufacturing purposes only
8	Apricot Pulp	South Africa	Showed vacuum of 14 c.ms. Tin content, 0.85 grams per lb.	
9	Canned Fish Balls	South Africa	Tin, Lead, Copper, Zinc, absent. Iron, 8 p.p.m. Arsenic, negligible	None
10	Condensed Milk	Works Canteen	Nothing harmful present	None
11	Marmalade	Works Canteen	Tin content, 2.0 grams per lb.	Maximum permissible limit
12	Mustard	Works Canteen	% Allyl isothiocvanate 0.53	Satisfactory

No.	Nature of Sample	Country of Origin	Result of Analysis			Remarks
			Total Solids	*Ash*	*Salt*	
13	Algerian Wine	Algeria	2.56 %	0.26 %	0.023 %	Not unfit
14	Algerian Wine	Algeria	2.58 %	0.29 %	0.064 %	As above
15	Algerian Wine	Algeria	2.60 %	0.32 %	0.089 %	As above
16	Algerian Wine	Algeria	3.09 %	0.35 %	0.029 %	As above
17	Algerian Wine	Algeria	2.74 %	0.73 %	0.465 %	Sea-water contaminated
18	Algerian Wine	Algeria	2.79 %	0.66 %	0.393 %	As above
19	Algerian Wine	Algeria	2.55 %	0.24 %	0.026 %	Not unfit
20	Algerian Wine	Algeria	2.80 %	0.27 %	0.026 %	As above
21	Algerian Wine	Algeria	2.36 %	0.60 %	0.353 %	Sea-water contaminated
22	Canned Sliced Beetroot	Works Canteen	Lead, absent. Copper, negligible. Tin, trace. Zinc, 30 p.p.m.			Lacquer had peeled off and adhered to beetroot. Unsatisfactory
23	Canned Whole Beetroot	Works Canteen	Lead, absent. Copper, negligible. Tin, trace. Zinc, absent			Satisfactory
24	Soya Meal	U.S.A.	In present form not intended for human consumption			Importers stated will not be used or offered for human consumption
25	Spent Grain Mash (dried)	U.S.A.				
26	Cooked Date Pudding (stained)	Works Canteen	No dirt present			None

No.	Nature of Sample	Country of Origin	Result of Analysis	Remarks
27	Tomato Puree	South Africa	Lead, absent. Copper, 6 p.p.m. Tin, 100 p.p.m.	Satisfactory
28	Pears (William)	Italy	*Weight* *Copper* *Arsenic* *Lead* 136 gr. 5.7 p.p.m. 0.6 p.p.m. 1.5 p.p.m. 133 gr. 4.5 p.p.m. 1.9 p.p.m. 6.0 p.p.m. 105 gr. 3.8 p.p.m. Nil 1.9 p.p.m. 152 gr. 1.8 p.p.m. 0.3 p.p.m. 1.3 p.p.m. 114 gr. 3.3 p.p.m. 0.7 p.p.m. 7.0 p.p.m. 134 gr. 3.6 p.p.m. 1.5 p.p.m. 4.5 p.p.m. 147 gr. 4.3 p.p.m. 3.9 p.p.m. 8.2 p.p.m.	The presence of poisonous metals in such quantities is undesirable
29	Cut Dried Peel	South Africa	Examined for preservatives with negative results	None
30	Finest Cape Snoek	South Africa	Examined for metal and found to be satisfactory	As above
31	Cape Snoek in Tomato	South Africa	Examined for metal and found to be satisfactory	As above
32	Raisins	South Africa	Examined for preservatives with negative results	As above
33	Concentrated Orange Juice	South Africa	Sulphur-dioxide, 1,720 p.p.m.	Assurance received from—Importers that SO^2 content will be reduced to requirements of S.R. & O No. 775 of 1925. No. 1557 of 1926 and No. 577 of 1927
34	Oranges	South Africa	Examined for sodium-chloride and coliform organisms with negative results	None

No.	Nature of Sample	Country of Origin	Result of Analysis	Remarks
35	Oranges	South Africa	Examined for sodium-chloride and coliform organisms with negative results	As above
36	Oranges	South Africa	Examined for sodium-chloride and coliform organisms with negative results	As above
37	Oranges	South Africa	Examined for sodium-chloride and coliform organisms with negative results	As above
38	Salad Cream	Holland	Not fermenting, contained 750 p.p.m. benzoic acid	Destroyed
39	Salad Cream	Holland		
40	Tomato Juice	Channel Islands	Arsenic, nil. Lead, nil. Copper, nil. Tin, trace	Satisfactory
41	Tomato Juice	Channel Islands	Arsenic, nil. Lead, nil. Copper, nil. Tin, trace	As above
42	Cake Fruit Mixture	South Africa	265 p.p.m. sulphur-dioxide	As above

FOOD CONDEMNED

The total amount of food condemned during the year was 33 tons 10 cwt. 0 qrs. 9 lb. ; surrender was voluntary in every case.

Description	Packages and Quantities Condemned	Weight Condemned			
		Tons	Cwts.	Qrs.	lbs.
Apricot Pulp	1 case, 59 tins		4	—	7
Biscuits	2,951 boxes, 12 bags ; quantity loose	4	16	—	½
Barley (pearl)	4 bags, 2 packets, 15 tins		7	—	18
Breadcrumbs	57 bags	2	1	1	21
Beans	2 baskets ; quantity loose		1	—	14
Butter	1 packet				½
Cake					2¼
Cake (mixture)	1,378 packets		6	2	6
Cereals	53 bags, 369 packets, 3 x ½ bags, 17 tins ; quantity loose	3	4	—	16¼
Cheese	17 tins			1	4
Coconut (desiccated)	2 tins, 2 drums			2	14
Confectionery	71 tins, 4 packets; quantity loose		1	3	18
Cornflour	Quantity loose				8
Dates	3 packets				2½
Egg (dried)	8 packets			1	21¾
Fish (canned)	148 tins		1	—	1¾
Bread Rusks	4 packets				2
Fish (smoked)	45 boxes		5	2	14
Fruit (canned)	351 tins		5	1	16¾
Fruit Juice	130 tins		1	1	23
Fruit (dried)	24 cartons, 149 packets ; quantity loose		10	1	25
Grapes	383 boxes ; quantity loose	1	14	2	8
Grapefruit	Quantity loose		1	2	18
Jam	22 tins			1	20¾
Liver (sheep)	12 cartons		6	1	20
Lemons	2 cases		1	—	24
Marmalade	163 tins		2	3	21¾
Macaroni	2 bags, 1 box, 3 cartons, 3 tins ; quantity loose		7	2	0½
Meats (various)	Various pieces		9	2	9
Meats (canned)	629 tins		4	3	4¾
Milk (canned)	77 tins			3	0½
Milk (tablets)	14 tins				13¼
Mustard	34 tins				17
Milk (powder)	1 tin				1
Nuts	Quantity loose				1½
Oranges	21 cases ; quantity loose	3	11	2	4
Peaches	32 boxes		3	1	26
Pears	85 boxes, 9 trays ; quantity loose		19	3	18
	Carried forward ...	20	12	3	24¼

Description	Packages and Quantities Condemned	Weight Condemned			
		Tons	Cwts.	Qrs.	lbs.
	Brought forward ...	20	12	3	24¼
Peas (dried)	35 bags ; quantity loose	3	16	—	6
Peel (citrus)	1 box ; quantity loose			1	5
Pickles	506 jars, 7 tins		10	1	9¾
Pigs	16 carcases		8	2	25
Plums	12 boxes ; quantity loose		4	—	6
Potatoes	Quantity loose		9	1	21
Preserves (paste)	71 tins			1	23
Rabbits	200		4	2	19
Rice	7 bags ; quantity loose		3	—	22½
Salad Cream	10 kegs		5	—	—
Sago	2 tins			2	—
Sauce	65 bottles				25¼
Sausage	Quantity loose				16
Semolina	50 packets		1	—	22
Soup (canned)	69 tins			2	26
Soup (powder)	16 bags		1	—	—
Spaghetti	8 cartons		2	2	14
Spice	20 tins				20
Sugar	Quantity loose			1	7
Syrup	30 tins			1	26½
Tomatoes	Quantity loose	5	7	2	11
Tomato Puree	8 tins			1	26
Vegetables (canned)	679 tins		12	1	14¾
Vegetables (dehydrated)	8 tins			2	8
Vermicelli	1 carton			2	—
Yeast	3 packets ; quantity loose		5	3	23
	TOTAL ...	33	10	—	9

METHOD OF DISPOSAL

CONDEMNED FOOD

Method of Disposal	Tons	Cwts.	Qrs.	lbs.
Destroyed by burning and dumping	14	18	—	4½
For inedible purposes	1	4	2	23
For animal food	17	7	1	9½
TOTAL ...	33	10	—	9

WHALE MEAT

The first shipment of whale meat arrived in this Port on the 0th May, 1948, from the Antarctic hunting area.

The animal is hunted when it returns from the sub-tropical eas of the Southern Hemisphere—where it has been breeding and heltering from the Antarctic winter—to the extensive feeding-round of the Southern Ocean.

Generally, only the Blue and Fin whales are used. The meat ised is taken from the Latissimus dorsi and the Psoas muscles, vhich may be up to 10 tons in weight, but usually about 5 tons ach. Meat from animals more than eight hours dead is not used.

The meat is cut into blocks of 50 lb. and subjected to low-emperature quick freeze of 10° F. for 3½ hours. From the freezing lant the blocks are packed two in a bag and held in cold storage t 10° F. aboard the factory ship.

8,592 packages of whale meat, of average weight 100 lb., were anded. The meat appears to thaw out quickly, and is predominantly lood coloured, but loses very little blood when thawing out. The arcase is not bled on being killed.

The fat content of the meat is estimated at about 2 per cent., ut that taken for the market showed approximately 1.5 per cent. at.

Grading of the meat is by experience of the meat trade require-nents for the home market, and is as follows :—

N—first-grade butcher's steak meat.
I —from more aged animals than N and for manufacturing purposes (pies, sausages).
T—animal food (meat cut-offs or not suitable for Grades N and I.)

Forthcoming legislation to control the whale meat supplies for uman consumption will be welcomed, and should ensure a useful rticle of food additional to the present diet.

UBLIC HEALTH (SHELL FISH) REGULATIONS, 1934

The Southampton Shell Fish Order, 1936, made under the bove Regulations, still being in operation, prohibits the collection f cockles, winkles or mussels for the purposes for sale for human onsumption from layings within the prescribed area as defined in he Order.

A reprint of the Order was made during the year 1947, and opies posted at various points of advantage.

During the year under review, limited observations have been nade, but no infringement of the Order was observed.

VIII. THE PARROTS (PROHIBITION OF IMPOR REGULATIONS, 1930

The importation of any bird of the parrot species is prohibite by these Regulations, unless for consignment to the London Zo logical Society, or by special permission of the Minister of Healt and enquiries are made on all incoming vessels as to the presen of any bird on board.

Notifications are received by the Port Health Authority of an cases coming to the notice of H.M. Customs.

During the year, no case of attempted smuggling of birds in the Port were detected.

The following shows the action taken during the year und these Regulations :—

Twenty-two parrots arrived on fifteen vessels at this Port.

Of this number, one was imported under Licence of the Minister Health, sixteen were surrendered and destroyed, and five remaine on board.

IX. DANGEROUS DRUGS

One certificate was issued under the Dangerous Drugs (Regulations, 1923, during the year.

The drugs were required by a vessel, in order to complete t medical equipment on board.

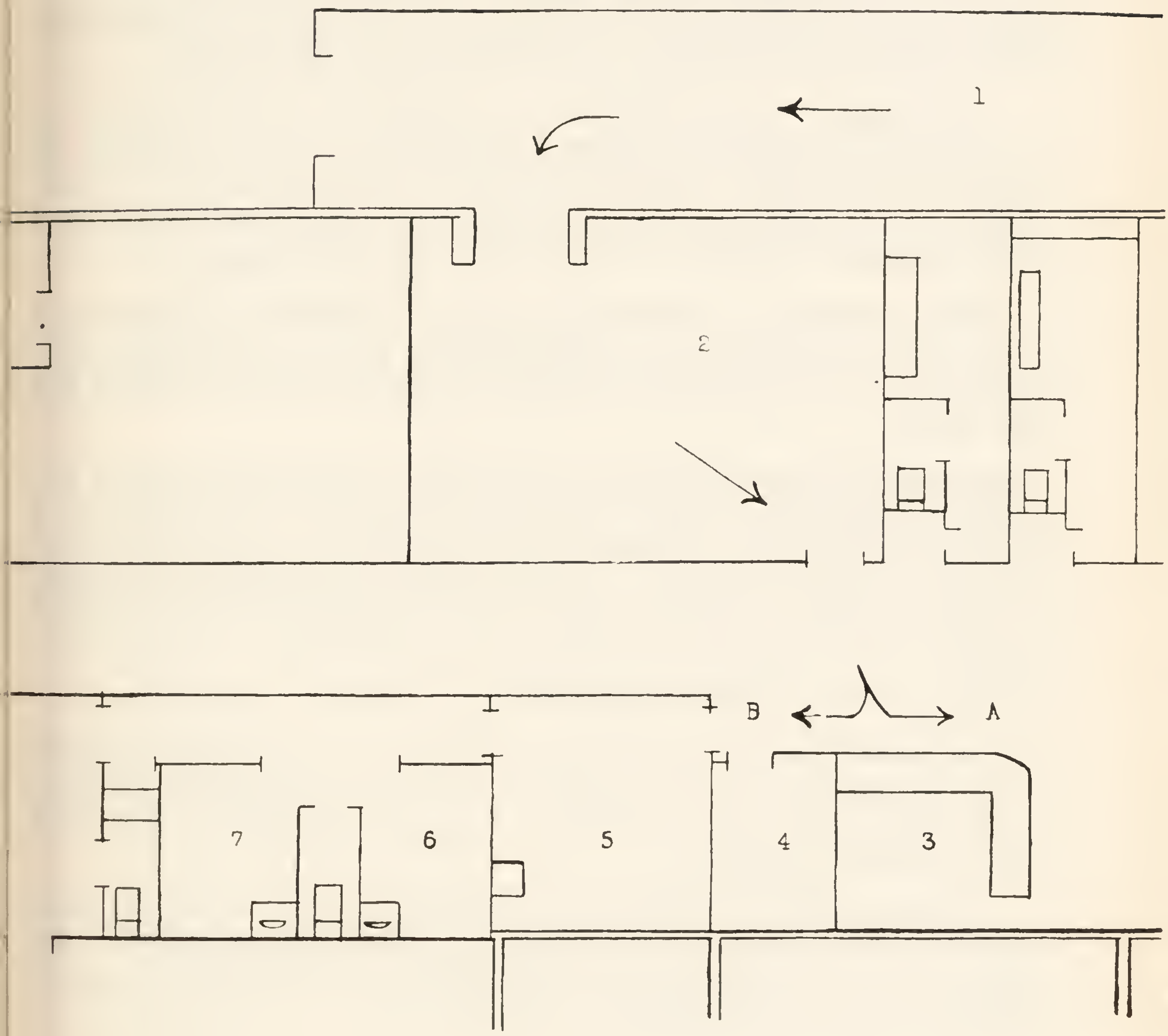
X. SOUTHAMPTON AIRPORTS

On 1st April, 1948, the Public Health (Aircraft) Regulation 1948, came into operation. These Regulations revoked the Publ Health (Aircraft) Regulations, 1938, and made the Minister Health the authority for enforcing the Regulations at Nation aerodromes, such as the Marine Airport, Southampton, and t Southampton (Eastleigh) Airport. At the request of the Ministe the Borough Council operates on his behalf the health controls both of these airports. The health control at Eastleigh Airport only occasionally required, as arrivals from outside the British Isl are infrequent, but at the Marine Airport the health control is daily operation.

The majority of the flying-boats using the Marine Airport a those of the British Overseas Airways Corporation.

In March, 1948, the terminal base for the flying-boats operatin to and from Australia, Japan, China, India, and South Africa wa transferred from Poole to Southampton.

The layout of the Health Control at 50 Berth is shown below :—



HEALTH CONTROL

Marine Airport

1. Covered way from pontoon.
2. Waiting-room.
3. Health Control counter.
4. Small waiting-room for passengers referred to the Medical Officer by the Inspectors.
5. Doctor's room for interviewing passengers.
6 and 7. Two rooms for any detailed examination of passengers.
8. Isolation room.

A. To Immigration and Customs.
B. To doctor and medical examination room.

It will be recalled that the Imperial Airways—one of the B.O.A.C.'s constituent companies—used Southampton during the period 1936 to 1939 for operating the " C " Class flying-boats, which made regular flights to Australia and South Africa.

The new terminal at 50 Berth, completed in March, 1948, is the most up-to-date air terminal established in this country. It embodies all modern requirements for a marine base for flying-boats. The building contains comfortable and well appointed waiting-rooms, a restaurant, and lounge for passengers.

The terminal is designed to give expeditious clearance of passengers embarking and disembarking at the terminal. The building is so arranged that arriving and departing passengers are kept apart.

Incoming aircraft land on Southampton Water and taxi to the vicinity of 50 Berth. Here they are made fast to a wire rope, and are drawn by electric winches to floating pontoons. The passengers disembark, and proceed by a covered way to a waiting-room, where an announcement advises them of the procedure in the various controls. The passengers then go through Health, Immigration, and Customs controls in that order.

In order that the provisions of Part II of the Public Health (Aircraft) Regulations, 1948, shall be carried out, all aircraft arriving at the Marine Base from overseas are met by a Medical Officer and a Port Health Inspector.

Under Section 7 of Part II of the Regulations, it is obligatory that the commander of an arriving aircraft shall deliver to the Medical Officer a completed and signed aircraft declaration of health (Health Control Form No. 1), as follows :—

Airport of Entry :—

1. Aircraft National and Registration Marks.
2. Aerodrome and date of departure.
3. Aerodromes at which the aircraft alighted during the voyage and date of departure from each :—
   (*a*) Aerodrome. (*b*) Date.
4. Number of crew.
5. Number of passengers.
6. Number of passengers disembarking.
7. Has any person left the aircraft during the voyage on account of illness ? If so, give particulars.

8. Has there been any case of illness (other than air sickness) during the voyage? If so, give particulars.

9. Has the aircraft been disinsected? Give particulars of the last three disinsectings :—

(*a*) By whom. (*b*) Place. (*c*) Method. (*d*) Date.

10. Have any other sanitary measures been carried out on the aircraft during the voyage?

11. Have you on board any living animals, birds, insects, bacterial cultures or viruses?

I declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Date Signature of Commander ....

Under Section 20, of Part II of the Regulations, a passenger who intends to disembark must also complete and sign the following personal declaration (Health Control Form No. 2), which must be delivered to the Medical Officer :—

Port of Arrival :—

1. Name in full. (Block letters, Surname first.)
2. Nationality.
3. Passport Number.
4. Permanent home address.
5. Address (in full) to which immediately proceeding.
6. State below the town, locality or airport where you spent the 14 nights prior to arrival in this country.

Last night ....
2 nights ago ....
3 nights ago ....
4 nights ago ....
5 nights ago ....
6 nights ago ....
7 nights ago ....
8 nights ago ....
9 nights ago ....
10 nights ago ....
11 nights ago ....
12 nights ago ....
13 nights ago ....
14 nights ago ....

7. I am in possession of a Certificate of Inoculation or Vaccination against :— (Answer Yes or No.)

Yellow Fever ....
Cholera ....
Smallpox ....
Typhus ....

8. I declare that I have had no illness within the past 14 days except as follows :—

I declare that the information given above is correct to the best of my knowledge and belief.

Date.................................... Signature..

The Declaration Forms No. 1 and No. 2 are printed and issued by the Ministry of Health and are available on each aircraft, in order that they may be completed during the voyage just prior to arrival at the terminal.

At this Port, members of aircraft crews complete Health Control Forms No. 2 when they terminate their flight at the Southampton base.

On arrival of a flying-boat from foreign, the following duties are carried out by the Port Health Authority :—

General.

The enforcement of the Public Health (Aircraft) Regulations 1948.

Duties at the Landing Pontoon

Health Control Forms No. 1 and No. 2 are collected by the Port Health Inspector, who informs the Medical Officer if, on health grounds, it appears inadvisable for passengers to disembark before a medical inspection has been carried out.

In all cases where Forms No. 1 and No. 2 indicate a satisfactory state of health of the passengers and crew, and where the sanitary condition of the aircraft is also satisfactory, immediate disembarkation is allowed, and the passengers and crew then proceed to the Health Control section in the Terminal Building.

Duties at the Health Control

Passengers assemble in the waiting-room adjacent to the Health Control, and are called and interviewed separately at the Health Control counter.

The Medical Officer's duties are :—

(1) The examination of passengers referred to him by the Port Health Inspector.

(2) To arrange the surveillance of those passengers from infected areas who are not adequately protected by inoculation against the diseases in question, and arrange surveillance of any passenger who does not hold a valid Certificate of Inoculation against an infectious disease to which he has probably been exposed.

(3) To carry out a medical inspection of aliens referred to him by the Immigration Officer.

The Port Health Inspector's duties are :—

(1) To examine Form 2 and scrutinise each passenger, and refer to the Medical Officer the following :—

    (i) Any passenger who appears ill, or says he is, or has recently been ill, or who has a rash on the hands or face.

    (ii) Any passenger who has arrived from or passed through an area included in the list of infected places.

(2) To enter on Form 2 the month and year of inoculation against diseases to which the passenger has probably been exposed, and the result of vaccination.

(3) To verify the places of residence of passengers during the previous 14 nights.

(4) To confirm the address to which a passenger is proceeding and to issue a franked postcard to any passenger who cannot give a definite address. The aircraft registration mark and the date of arrival must be entered on this card by the Inspector.

(5) To hand to each passenger a warning card and to explain its purpose and use. (In the event of the holder of the card falling ill within 21 days after arrival in this country, the person is requested to present it to the attending medical practitioner for his guidance, as the card indicates the possibility of the patient having contracted an infectious disease whilst abroad.)
The aircraft registration mark, date of disembarkation of passenger, and name of airport must be entered on the card.

For the purposes of Health Control, the Inoculation Certificate held by a passenger is considered valid if it conforms to the following :—

(1) *Cholera.* Inoculation within the preceding 6 months, excluding the last 6 days thereof.

(2) *Yellow Fever.* Inoculation within the preceding 4 years, excluding (except in the case of re-inoculation performed within 4 years from the date of the previous inoculation against Yellow Fever) the last 10 days thereof.

(3) *Smallpox.* Vaccination within the preceding 3 years, excluding the last 14 days thereof, which was successful or gave an immune reaction.

INFECTED LOCALITIES

A list of airports situated in localities infected with Plague, Cholera, Yellow Fever, Typhus, and Smallpox is prepared each month from the information supplied by the Minister of Health.

To assist the Medical Officer and Port Health Inspectors when interrogating passengers at the Health Control, a chart has been prepared which denotes all infected airports on the itinerary of each separate route flown by aircraft arriving at the terminal. The chart is amended each week and is placed in a position for quick reference.

Since the inauguration of the B.O.A.C. service in Southampton, the method of carrying out Health Control in respect of passengers disembarking at the terminal, has, with the co-operation of the B.O.A.C., worked satisfactorily.

In the nine months under review, the number of passengers who disembarked and embarked at the terminal was 5,277 and 6,002 respectively.

AIRCRAFT—DISINSECTISATION

In accordance with the requirements of Schedule VIII of the Indian Aircraft (Public Health) Rules, 1946, two flying-boats were disinsected at the B.O.A.C. service base at Hythe.

In each case, the insecticide used was Pyrethrum Freon Aerosol applied from an Aerosol Dispenser.

Each operation was supervised by a Medical Officer who, on completion of the operation, signed and issued the approved certificate of the Ministry of Health.

SICKNESS ON ARRIVING AIRCRAFT

One case of Dysentery, one case of Influenza, and one case of Chickenpox (crew) were admitted to the Isolation Hospital. There is no record of any major infectious disease occurring among passengers or crew after they had arrived in this country.

INSPECTION OF ALIENS

Aliens inspected are included in the annual return given in this Report. A few aliens were subjected to detailed examination. They were chiefly Chinese nationals coming to work in Chinese laundries

XI. General Summary of Inspections carried out by the Port Health Staff, and other Statistics, during the year 1948

Steamers (from foreign) visited		731
Motor vessels (from foreign) visited		304
Sailing vessels (from foreign) visited		—
Flying-boats (from foreign) visited		339
Steamers (from coastwise) visited		474
Motor vessels (from coastwise) visited		355
Sailing vessels (from coastwise) visited		—
Flying-boats (from coastwise) visited		4
Total steam, motor, sailing vessels and flying-boats visited		2,207
Number of British vessels visited		1,660
Number of British vessels re-visited		1,352
Number of Foreign vessels visited		547
Number of Foreign vessels re-visited		119
Total vessels visited	2,207	
Total vessels re-visited	1,471	
Total		3,678
Number of vessels found in satisfactory sanitary condition		1,840
Number of vessels found in defective sanitary condition		367
Number of crew arriving (from foreign)		240,492
Number of passengers arriving (from foreign), including troops		340,833
Number of passengers landed from 19 tenders in So'ton Water		533
Number of passengers landed from 79 tenders in Cowes Roads		4,729
Total number of passengers landed from 98 tenders		5,262
Total number of passengers landed from 343 flying-boats		5,277
Number of rats captured, examined, and destroyed, from vessels		580
Number of rats found on 39 vessels from plague-infected ports		3
Number of rats found on 175 flying-boats from plague-infected ports		Nil
Number of vessels from plague-infected ports on which rat orders were served		39

Number of vessels visited, including re-visits, with percentage of defects :—

Year	Vessels from Foreign	Vessels from Coastwise	Total Visits	Number found Defective	Percentage Defective
1939	4,564	1,297	5,861	242	7.11
1940	3,898	979	4,877	192	8.05
1941	60	1,006	1,066	72	10.81
1942	612	839	1,451	145	19.70
1943	384	954	1,338	116	16.69
1944	1,509	386	1,895	147	10.60
1945	1,617	378	1,995	165	14.23
1946	1,643	547	2,190	107	10.32
1947	2,038	827	2,865	188	11.87
1948	2,554	1,124	3,678	367	16.62

Number of vessels visited, giving nationality, description, and number found defective, during 1948 (not including re-visits) :—

Nationality	Steam	Motor	Sail	Flying-boats	Total	Defective
American ...	116	—	—	—	116	2
Argentine ...	9	—	—	—	9	—
Belgian ...	1	1	—	—	2	—
British ...	899	418	—	343	1,660	335
Canadian ...	2	1	—	—	3	1
Danish ...	4	6	—	—	10	—
Dutch ...	57	165	—	—	222	10
Finnish ...	3	1	—	—	4	1
French ...	38	8	—	—	46	2
German ...	9	3	—	—	12	—
Greek ...	4	—	—	—	4	—
Honduras ...	3	—	—	—	3	—
Irish	1	1	—	—	2	1
Maltese ...	2	—	—	—	2	1
Norwegian ...	16	26	—	—	42	5
Pakistan ...	1	—	—	—	1	1
Panama ...	29	4	—	—	33	4
Polish ...	1	24	—	—	25	—
South Africa...	1	—	—	—	1	—
Swedish ...	9	1	—	—	10	4
TOTAL ...	1,205	659	—	343	2,207	367

BRIDGING THE GAP

Presidential Address to the Society of Medical Officers of Health

October 1949

by

H. C. Maurice Williams, O.B.E., M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health, County Borough and Port of Southampton

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When it came to choosing a subject for my Presidential Address, my first intention was to avoid the National Health Service because it has already been so widely discussed.

However, on reflection, I felt that as our everyday professional lives have been so radically altered by the new medical set-up it was difficult to refrain from making some observations on a matter that concerns us so intimately.

There has undoubtedly grown, within the last twelve months, a profound despondency amongst our members about the future of the public health service. This has been reflected by a diminution in the number of students entering for the diploma, and in the poor response of applicants for the junior posts.

This state of mind is not surprising when we see month after month an efficient organisation, built up throughout the years by hard work and sound judgment, disintegrating before our eyes. Even those of us who administer the services of a local health authority find our departments a mere shell of their former structure.

This dismal outlook must, however, be dispelled. Otherwise it will become a grave threat to the future of our service. It will cause a lack of interest in, and enthusiasm for, our work, and eventually influence public opinion into believing that we have outlived our usefulness.

We must take encouragement from a study of the work of our predecessors, not alone the national pioneers like Neil Arnott, John Simon and Southwood Smith, but also from the achievements of men long ago forgotten who held the posts in the towns and districts which we now occupy.

You will find, as I found in perusing their reports, a wealth of useful information, a stimulating study, and one which shows how by their energy and foresight they overcame the obstacles in the struggle for better living conditions for the people. One reads also of the difficulties they encountered in combating epidemic diseases.

By their efforts they eventually succeeded in making England t first country in the world to control communicable diseases sanitary principles.

We must re-orientate our concept of public health and many ways alter our professional character to meet the chang conditions. The Medical Officer of Health will need a ke imagination.

The task that now faces us is to enter fresh fields of activi We must carry out research into the causes and prevention of ma illnesses still unexplained in the present-day social structure. T people must be taught to use the medical services now provic wisely and unselfishly, and all our efforts should be directed improving the existing services to a maximum degree of efficien because, as experienced administrators, we should be able to ass in bridging that gap which now exists between the hospital, local health authority and practitioner service.

The conception of a comprehensive medical service was all-party policy, and was finally brought into being by a democra government decision. As a Society we supported a full-time St Medical Service. It is true that our plan differed in many respe from that which has been adopted. It is disturbing to find that t maintenance of health has not been given the same considerat as the cure of disease. Yet the present national expenditure c be justified only on the basis that the essential aim of the serv is to prevent illness. In the short trial period there is already indication that prevention of illness is not being fulfilled. T number away from work or confined to their homes because sickness has increased by 25 per cent., and 10 per cent. more peo consulted their doctors in England and Wales than in compara periods of the two preceding years. The present scheme d nothing to prevent the abuse of absenteeism for minor ailments

The continuance of competitive medical practice, with eve facility for transfer from a doctor who displeases the patient is n conducive to an efficient organisation, or a check on unwarran sick leave. The loss to industrial production by illness amou to three hundred million pounds a year.

There are bound to be a lot of grievances and anomalies a much frustration in such a complex machine, which only a f months ago celebrated its first anniversary. The bigger the struct the more obvious the defects, and it is these that I hope we can a certain extent help to eliminate or at least ameliorate by find a kind of Ariadnean thread out of this maze.

Our training and experience in communal health has made realise that the happiness and future of the people is dependent health, education, working capacity and social security.

There is little doubt that for a great proportion of the population relief from sudden crippling hospital or doctors' fees is a boon. t is hoped that the boon is not illusory, and that the people in the uture are going to get a better medical service than that which hey got through the panel, the hospital contributory schemes and he local authorities. The country's reaction to the scheme can be udged by the fact that 95 per cent. of the total population has lready registered with their medical practitioners.

One of the major problems of the new service is the provision f beds to meet the ever increasing demand for institutional treatment. There are over 57,000 vacant beds which cannot be used ecause of the lack of trained staff. At the present time there are 37,000 nurses in the country.

During the last six months, 5,600 more have joined the service, ut, even with this recruitment, there is still a deficiency of 46,000. his deficiency of nursing personnel is aggravated by the longer olidays and shorter periods of duty which have justly been introduced during recent years.

However, some hospital management committees are introducing concessions as an inducement to recruitment which, in my iew, are not helpful but may even be harmful, and would not be cceptable to any university or training institution who has accepted he parental responsibility for the students during a period of study nd training.

Local health authorities, I think, can help to ease this pressing emand for hospital beds by increasing their domiciliary nursing ervices, not by depleting the existing hospital staffs, but by ncouraging part-time married nurses who, because of domestic bligations or other reasons, are unable to give service in the ospitals. Arrangements should be made to localise their nursing reas within easy reach of their homes and adjust their hours of uty to meet their domestic convenience. This increase in the omiciliary nursing service will give relief to many patients who re unable to gain admission to hospital.

There is at the present time an appreciable wastage of trained urses in some of the factories, where many are doing work of a inor character that could be undertaken by persons experienced in rst aid working under the supervision of one qualified nurse.

The same applies to many of the shipping companies, some of hich, in addition to carrying trained nursing sisters, give preference for posts as stewardesses to persons with nursing qualifications.

Working alongside the domiciliary nursing service, there hould be an efficient home help pool and an extension of the ome meals service.

Training centres should be established in all the larger area to give these women instruction in the domestic duties which the are expected to undertake.

Many of the aged and infirm could thus continue to live i their own homes or rooms, which is what most of them desire, an thus relieve the pressing demand which now exists for their admission to hostels and homes for the aged.

Our functions as medical officers of health were affecte considerably by the Local Government Act of 1929, which linke us with the general hospitals, because at the time we were th only administrative machinery capable of undertaking the work.

The intrusion of the medical officer of health into the field c curative medicine may have been resented by some of his clinica colleagues. Nevertheless I think we can rightly claim that durin that short period of ten years up to the outbreak of war most of th publicly owned hospitals appropriated by health authorities mad considerable development under our guidance.

I am not disputing that the merging of the voluntary an general local authority hospitals under regional authority was no a logical policy, but it was undoubtedly an administrative blunde to include the infectious diseases hospitals with their complet severance from the field work and environmental factors whic remain the responsibility of local authorities.

The intense individualism displayed by some of the genera hospitals, both voluntary and public, impaired their efficiency b a lack of co-operation, but this did not apply to the fever hospital and sanatoria because they had always been accepted withou question since their inception as the responsibility of the health authorities.

These institutional resources were of great help in preventiv measures, but now, although the medical officer of health is stil responsible under the Act for the ascertainment and control o epidemic diseases within his area, he will find it difficult to retai his status or even his knowledge of these conditions without a active participation in the administrative and clinical work o these hospitals.

Even in our generation this administrative error may be full realised, and I hope corrected, but in the meantime there is a grav threat that the medical officer of health may be displaced in hi field work by the general physician and paediatrician, and th medical superintendent on the administrative side by a lay secretary

It was once said that "Impudence emboldens a man to undertake any task however so unequal to his abilities, and carries him through with spirit and alacrity."

The medical officer of health must not be disturbed in a branch of medicine which has traditionally by his training and experience been one of his principal responsibilities. The paediatricians must remember that in many of the infectious diseases the incidence is higher in the adult population than in children. The epidemiological unit is a number of individuals making up a population, and needs more than the clinical diagnosis or treatment of the individual case.

The success of the new health service will to a great extent be dependent on the reciprocal concessions made between various branches of the profession and not by encroachment.

The administrator-clinician has for some inexplicable reason been given a poorer status than the specialist clinician, however limited the latter's speciality.

This grading is unique to the health service, and contrary to the policy adopted in other nationalised services, or indeed in the successful working of undertakings controlled by private enterprise.

Already some senior medical officers of health undertaking part-time work in the fever hospitals on behalf of the regional hospital boards, generally without personal remuneration, have found themselves graded by the professional review boards for this work below that enjoyed by many of their former assistants who have been transferred to the Regional Boards. This may have serious repercussions on the future status of the medical officer of health.

The tuberculosis service which was part and parcel of preventive medicine has also been mainly divorced from its former partner with only a small obligation to continue the social and environmental interest in this community disease.

The change of designation of the responsible officer to that of chest physician will in itself encourage a tendency to concentrate on the more spectacular curative side of the work.

There is a danger that the all-important predisposing conditions will be given second place. Tuberculosis is still a menace to the nation, as evidenced by the 22,000 deaths which occurred in 1948.

Wade Hampton Frost, the distinguished American epidemiologist, epitomised the position when in 1937 addressing the State and Local Committees on Tuberculosis in New York he said :

" The years that have elapsed since the campaign began have extended our knowledge of tuberculosis in every direction. They have brought improvement of great importance in methods of diagnosis and treatment, and have seen the building up of a tremendous machinery for the care of the tuberculous, but they have not brought forth any really new principle of prevention ; they have produced no well proved and dependable method for lasting a effective specific immunisation by artificial means, and no simp specific cure for the disease. Thus, while organisation and weapo have been improved, the essential strategy of the attack again tuberculosis remains the same as it was fifty years ago. The ma objective is still avoidance of exposure, and the strategy is still th of a frontal assault on discoverable sources of infection.

"From the standpoint of prevention, curative treatment a measures designed to increase resistance to infection must regarded as supplementary."

In my view it is imperative that the chest physician shou attend the special care sub-committees constituted by the loc health authorities to advise and assist the medical officer of heal on the factors influencing the incidence of tuberculosis within t area. The essential thing is team work which we have known the past and which must continue in the future.

For a few moments let me direct your attention to the questi of health centres.

Their conception was accepted with unanimity by every bran of the profession, as essential units in the framework of domicilia practice.

Their structure, location and operation were naturally t subject of varied opinions.

During recent months there has developed a marked change the attitude of many of the practitioners towards these centr This may be due to the fact that it is now easier to obtain buildi licences for the extension of their own surgeries, or it may be d to the easing of their domestic problems. Moreover, some of the hesitate because of the uncertainty of rental charges, income t allowances and rota obligations.

The need for the provision of health centres is so imperati to the successful operation of the practitioner service that w representing local health authorities, should press for their ear erection and be satisfied with buildings of a less elaborate ty than those we had originally envisaged.

In normal times buildings designed for health work should super attractive, and even extravagant in structure and equi ment; but to-day with the high priority for housing, schools a factories, we must cut our coat according to our cloth, otherwi the whole scheme of health centres is doomed to failure unless can get them erected within a reasonable time while the docto are still in the mood to use these centres.

In my own area, we plan to erect five principal centres to ser areas containing populations of approximately forty to fifty thousand. These will contain accommodation for practitioners, specialists' clinics, and local health services. In each of these five areas there will be smaller centres to serve approximately every ten thousand of the population, which will consist of consulting and waiting rooms for four to six doctors, plus accommodation for child welfare services.

The additional statutory duty of care and aftercare should give local health authorities ample scope for social work. Clarification is needed by the Ministry of Health on the permissive extent of this work, and stupid quibbles about convalescent and holiday homes and the inclusion of the scheme for the supply of milk to tuberculous patients settled on the grounds of administrative efficiency and not on financial considerations between the State and Local Authority.

When we get into our stride, this important work of care and aftercare will require an efficient organisation of health workers. A decision on the training background for the health visitor and the sanitary inspector, or, as I prefer to call the latter, health officer, is of extreme importance. Most are agreed that for the Health Visitor a basic nursing training and a good knowledge of midwifery are essential. Careful selection of pupil health visitors, with the personality to make the right approach to the people, women with common sense, and a good general knowledge, are of greater importance than an advanced knowledge of political philosophy and economic history.

The technique practised by some social workers with high academic distinctions is generally not acceptable to the Mrs. Jones or the Mrs. Smith living in Paradise Terrace, who seek advice on the everyday problems of family life.

The sanitary inspectors' training also requires revision if they are to continue as health investigators. A fuller understanding of medical and social problems, particularly nutrition and bacteriology, will be necessary. Much of the work of drain inspection and house construction might appropriately be undertaken by departments better qualified to supervise this type of work.

Finally, let me touch briefly on some of the other principal services that remain with the local health authorities.

The demands on the ambulance and hospital car services have far exceeded expectation. Although most of the long-distance cases travel by train, there are occasions when ambulances have to be used, and in such cases I suggest a notification should be sent to the local health authorities en route, in order that the ambulance can be utilised should there be a case for transference to any place through which the ambulance will pass on its return journey.

The disastrous collapse of the school dental service should be a warning to those responsible for the future of the health scheme to think again before suggesting any alterations which will bring what is left of the school health and child welfare services into the same state of chaos.

The family unit conception of medical care by the general practitioner is in theory reasonable, but in practice the ascertainment and follow-up of defects in children, many of whom belong to apathetic parents, requires an organisation capable of a systematic check on the periodical medical inspection and the correction of the defects found.

There should of course be an interchange of clinical information between all the doctors concerned, local authority, general practitioners, and hospital officers. For now there can be no complaint of encroachment on private practice by the continuance of our clinics which give relief to the overworked practitioners and the hospital out-patients.

It is unlikely that the full-time dental services of local authorities will be rehabilitated for a long time, for the meagre remuneration in comparison with private practice will naturally deter dental surgeons from entering this branch of the profession. The only solution I see to ensure the early treatment of the priority classes is to make it an obligation upon dental practitioners who have entered the National Health Service to devote one or two sessions each week for work in the local authorities' dental clinics on a sessional basis.

As I said earlier in this paper, there are stili many unexplored fields for the medical officer of health in his work of acquiring an accurate knowledge of the influences, social, environmental and industrial, which may operate prejudicially to health in his area.

A closer link with industrial medicine, and investigations into the increased incidence of psychosomatic diseases, which play such a big part in the present-day sickness, are necessary.

An extension of the mental health services, a reduction in the accidents that occur in the home, the care of the aged, are but a few of the many conditions that require attention.

The promise of information from the Ministry of National Insurance relative to morbidity statistics should help to assess the local influences causing sickness in our areas.

For this reason it will be necessary to have trained statisticians reinforced with all the mechanical aids to correlate the information for consideration and presentation.

These facts will serve as precursors of prevention as long as we are prepared and equip ourselves for their proper interpretation for, as Pasteur said, " In the fields of observation chance only favours the mind which is prepared."

I hope that the one or two suggestions that I have made in this Presidential Address may contribute something towards bridging the gap in this canyon of administrative complexity, and that we, as an essential branch of the medical profession, may during the coming year see a renaissance of our status and a recognition of our worth commensurate with our responsibilities, always remembering the lines of Home, " Things past belong to memory alone. Things future are the property of hope."

INDEX

BOROUGH REPORT

A

Page

Ambulance Service ... 28, 71
Ante-natal Clinics ... 60

B

Bakehouses ... 132
Births ... 38
Borough Hospital ... 27, 117
Bye Laws ... 30

C

Care of Mothers and Young Children ... 53
Chemical Work ... 30
Chief Sanitary Inspector's Report ... 127
Clinics and Treatment Centres ... 28
Common Lodging Houses ... 128

D

Day Nurseries ... 61
Deaths ... 38, 39
Dental Service ... 51
Diphtheria ... 10, 67
Disinfection of Articles ... 128
Dispensary ... 88
Domestic Help ... 73

F

Factories Act, 1937 ... 131, 135
Fertilizer and Feeding Stuff Act ... 156
Food and Drugs Act 1938—Sampling ... 141, 148
Food Inspections ... 143
Food Poisoning ... 43
Food Unfit for Human Consumption ... 144
Free Eye Hospital ... 28

G

Gas and Air Analgesia ... 56
General Adoptive Acts ... 30
General Observations (Medical Officer of Health) ... 7
Gynaecological Clinics ... 60

H

Hairdressers' Premises 140
Health Visiting 61
Holiday Homes 8
Home Help Scheme 57, 73
Home Nursing Service 29, 63
Hospital Car Service 73
Housing Statistics 129

I

Ice Cream 137, 147
Immunisation against Diphtheria 68
Infantile Mortality 40
Infectious Diseases 29, 44, 45
Isolation Hospital 27, 121

L

Local Acts 30
Local Government Superannuation Act, 1937 (Medical Examinations) 91

M

Maternity and Nursing Homes 29
Maternity Unit 28
Mental Health Services 77
Milk to Tuberculous Patients 8
Milk 147
Milk Special Designations Order 1936, and Heat Treated Milk ... 148
Midwives 29
Mortuary 30
Mothercraft Classes 57

N

Nursery and Child Minders Regulation Act, 1948 9
Nursing Home Registration Act, 1927 57

O

Ophthalmia Neonatorum 58
Orthopaedic Clinic 88

P

Poliomyelitis 10, 46
Population 37
Post-natal Clinics 60
Premature Infants 59
Presidential Address to the Society of Medical Officers of Health ... 209
Public Health Act, 1936, Section 93 128
Public Health in Southampton, 1850–1900, by Dr. H. C. Maurice Williams, O.B.E. 11
Public Health (Shell Fish) Regulations, 1934 156

R

Rag Flock Acts, 1911 and 1928 ... 134
Rodent Control ... 130
Royal South Hants and Southampton Hospital ... 27

S

Sanitary Circumstances of District ... 31
Senior Dental Officer's Report ... 51
Shops Act 1912–1936 ... 133
Slaughter of Animals Act ... 156
Southampton Children's Hospital ... 28
Southampton Clean Food Guild ... 142
Southampton Crematorium ... 87
Staff of the Public Health Department ... 5
Stillbirths ... 58
Supervision of Foster Children ... 61

T

Tuberculosis ... 28, 95

V

Vaccination and Immunisation ... 67
Venereal Diseases ... 107
Vital Statistics ... 37

W

Water Supply ... 31
Welfare Centres ... 58

PORT HEALTH REPORT

A *Page*

Analysis of Drinking Water and Consumable Ice ... 170
Airports ... 200

C

Cargo Traffic ... 167

D

Dangerous Drugs ... 200
Deaths at Sea ... 181

F

Food Condemned ... 197
Food Inspection ... 190
Fumigation of Vessels ... 187

H

H.M. Transports 165
Hospital Ships 166
Hygiene of Crews' Spaces 187

I

Inspections carried out 207
Infectious Diseases 179, 181

L

Limits of Port Health Authority Area 159

M

Measures against Rodents 183
Meat landed in the Port 192
Medical Inspection of Aliens 168

O

Oil Tankers 167
Other Diseases 181

P

Parrots (Prohibition of Import) Regulations 1930 200
Port Health Regulations, 1933 and 1945 172
Port Medical Officer's Observations 161
Public Health (Shell Fish) Regulations 1934 199

S

Sampling of Imported Foodstuffs 192
Shipping entering the Port 163
Staff of the Port Health Authority 160

T

Trade of the Port 164

W

Water Supply, Source of 169
Whale Meat 199